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STATUS AND CONCERNS OF WOMEN VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

JUNE 22, 1989

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STATUS AND CONCERNS OF WOMEN VETERANS

Thursday, June 22, 1989

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:25 a.m., in room 334, Cannon House Office Building, Hon. Lane Evans (chairman of the subcommittee) presiding.

Present: Representatives Evans, Long, Stump and James.

OPENING STATEMENT OF CHAIRMAN EVANS

Mr. EVANS. The hearing will come to order.

Good morning. I want to apologize to everyone, including the ranking Republican member, for being late. I thank everybody for waiting and thank the Republican side for their indulgence. The Democratic Caucus is meeting now to elect the vice chair of the Democratic Caucus. I anticipate at least two other votes during the course of this hearing which will interrupt our progress, too.

Slightly more than 2 years ago, this subcommittee conducted the first congressional hearing on the status and concerns of women veterans. That hearing, by the way, was my first hearing as chairman of this subcommittee.

As a result of that comprehensive hearing, we learned some progress was being made by women veterans in securing the benefits and services for which they are eligible. We also learned more steps were needed if women veterans were to achieve equal access to the benefits and services intended for all veterans.

Today we want to further examine the provision of benefits and services to women veterans by the Department of Veterans Affairs and other Federal agencies with veteran responsibilities. We also want to review awareness and use of veterans benefits and services by women veterans. Are women veterans today more aware of their eligibility? To what extent are women veterans now utilizing these benefits and services?

We also want to know if the Federal Government is responsive to the post-military service concerns and gender specific needs of women veterans. Specifically, are additional benefits or services needed?

We want to learn what progress has been made during the last 2 years in realizing the equitable provision of benefits and services to women veterans. Do obstacles still exist? How have women veterans been affected by the financial crisis within the Department of Veterans Affairs? Have improvements been made in collecting and

reporting information on the benefits and services used by women veterans? Are the needs of aging women veterans receiving adequate attention?

These are just some of the issues we will be addressing today. Many witnesses are prepared to testify this morning and we look forward to receiving their presentations.

It is a pleasure for me to now recognize the ranking minority member of the subcommittee, Congressman Bob Stump, for any comments he may wish to make at this time.

OPENING STATEMENT OF HON. BOB STUMP

Mr. STUMP. Thank you, Mr. Chairman. I would like to commend you for calling this hearing to ascertain the progress that has been made in providing benefits and services to female veterans. We certainly appreciate the time taken by our witnesses to appear and update the subcommittee on the accomplishments to date.

While recognizing the current budget crisis, we are also interested in suggestions for improving the efforts on behalf of female veterans.

Thank you, Mr. Chairman.

Mr. EVANS. Thank you.

I have just received a letter from Congressman Doug Applegate, an excellent member of this subcommittee. He writes to us that, "Due to an important markup session of the Public Works and Transportation Committee, I will be unable to attend the hearing of your subcommittee concerning the status and concerns of women veterans. If there are no objections, I would like to request that my enclosed statement be submitted for the record.

"I applaud your decision to hold this hearing and look forward to working with you in the future on this matter and all other issues of concern to the veterans of our Nation.

"With best regard, I remain, sincerely, Doug Applegate, Member of Congress."

Without objection, so ordered.

[The statement of Hon. Doug Applegate appears at p. 43.]

Mr. EVANS. Our first witness this morning is Frances Shea-Buckley, the Chair of the Department of Veterans Affairs Advisory Committee on Women Veterans. We are very pleased that Admiral Shea-Buckley will be our first witness today and invite her to come forward and be seated at the witness table.

During her career in the U.S. Navy, she served as the Deputy Commander for Personnel Management at the Naval Medical Command and as Director of the Navy Nurse Corps. She also served as Commanding Officer of the Naval Health Sciences Education and Training Command and in Vietnam she served on the hospital ship U.S.S. *Repose*.

Admiral Shea-Buckley has been awarded the Legion of Merit, the Meritorious Service Medal, the Navy Commendation Medal, the Navy Unit Commendation, the National Defense Medal with one star, the Vietnam Service Medal with four stars, the Republic of Vietnam Campaign Medal, the Armed Forces Reserve Medal, as well as the Vietnamese Cross of Gallantry, the Vietnam Civil Action Medal, and the Humanitarian Service Award. She has also

been awarded an honorary doctor of law degree from Our Lady of Elms College in Chicopee, MA.

I also want to note that the admiral has had several years of experience in the Department of Veterans Affairs medical centers in Chicago earlier in her career. It is a pleasure to welcome you before this subcommittee.

Your complete statement will be made part of the record, and if you would like, you can summarize from it. We look forward to your testimony.

Before we begin, if there are any other members of the Advisory Committee in the audience today, we would like them to stand and be recognized as a group.

Thank you very much for coming today.

Admiral, you may proceed whenever you're ready.

STATEMENT OF REAR ADM. FRANCES SHEA-BUCKLEY, USN (RET.), CHAIRMAN OF THE DVA ADVISORY COMMITTEE ON WOMEN VETERANS

Admiral SHEA-BUCKLEY. Thank you. Good morning.

Mr. Chairman, members of the subcommittee, I welcome the opportunity to testify on the current status and concerns of women veterans. Women veterans are grateful for the continued interest of this committee in the women who have served this country in the Armed Forces. My comments will be based on the findings of the Department of Veterans Affairs Advisory Committee on Women Veterans, which I chair, and my own observations as I have traveled around the country visiting VA facilities and talking to other women veterans.

The Advisory Committee on Women Veterans was created in 1983 in response to a need. Although the laws that provide benefits to those who have served in the Nation's Armed Forces apply equally to male and female veterans, the reality has fallen short of the objective. I think this is best illustrated by the fact that the 1980 census was the first one ever to ask women if they were veterans.

It was a strange omission when one considers that women have been serving in the U.S. Armed Forces since the establishment of the Army and Navy Nurse Corps at the turn of the century. Over 13,000 served in the enlisted ranks during World War I. During World War II, more than 300,000 served as officers and enlisted personnel, 17,000 of whom served in combat theaters. Many earned combat decorations, some were prisoners of war, and some remain buried in U.S. cemeteries overseas.

Approximately 7,000 women served in-country in Vietnam and approximately 262,500 were in uniform during the Vietnam era.

Today, there are over 220,000 women in the Armed Forces, representing over 10 percent of the force, and their numbers are projected to continue to increase in the coming years while the total force remains relatively constant.

However, despite this long history, it was only after the results of the 1980 census were published, indicating that there were 1,158,900 living women veterans, representing 4.1 percent of the

veteran population, that America began to look seriously at the problems women veterans were encountering in civilian life.

In 1982, in response to a request from Senator Daniel K. Inouye, the General Accounting Office conducted an investigation of the Veterans' Administration treatment of women veterans. The GAO found what most women who had served in the military already knew, that there were deficiencies in the VA's ability to provide care for women veterans.

The GAO reported that the VA needed to take steps to ensure that men and women have equal access to VA treatment programs and medical facilities; that women treated in VA facilities receive complete physical examinations; that needed gynecological care is provided; that sufficient plans are made for the anticipated increase in female veterans; and that female veterans are adequately informed of their benefits.

In April 1983, in response to rising criticism of the VA's treatment of women, the then newly-appointed Administrator of Veterans' Affairs, Harry N. Walters, established the Advisory Committee on Women Veterans. Initially it was intended to be an internal VA advisory group, but following the first meeting which was held in September, 1983, the committee was mandated by Congress in Public Law 98–160, dated November 1983.

The committee members are veterans, current members of the Armed Forces, and individuals actively involved in women's issues and veterans' affairs. They bring firsthand knowledge of most of the issues and problems of women veterans. In addition to participating in the committee meetings twice a year, the members, on their own time and at their expense, visit VA activities in the field, participate in outreach programs, and interact with women veterans.

The Advisory Committee has published three reports—in July of 1984, 1986, and 1988. Copies have been furnished to the subcommittee. Our reports accurately reflect the findings of the Advisory Committee. The 1988 report included a "report card" on VA's response to the GAO report. We have found that the VA has taken aggressive actions to assure equal access and to address the unique needs of women veterans. However, there is still a problem in informing women of their benefits which resist the Department's best outreach efforts.

The VA has been successful in educating and sensitizing staff to the needs of women veterans. They have launched a comprehensive outreach program to women veterans, informing them of their rights and encouraging them to use their entitlements. Women Veterans Recognition Week was proclaimed by the President in 1984 through 1988. Public service announcements, posters, displays and media events have been used to publicize the theme that women are veterans, too. Women featured in VA publications and all official directives have been reviewed and, where appropriate, revised to include references to women. A brochure designed specifically for women veterans has been published and distributed.

VA medical centers are conducting local outreach programs where women veterans are invited to participate in day-long programs covering entitlement, health care, and other benefits for women veterans. Members of the Advisory Committee have partici-

pated in these programs and report that many of the women who attend have never before considered using VA services. They had considered VA hospitals as a place for male veterans, with no facilities for or interest in women, and were pleasantly surprised at the reception they received.

The veterans service organizations have been supportive of these efforts, and 2 years ago Gen. Jeanne Holm, my predecessor as chairman, detailed many of these in her testimony before this subcommittee.

A number of VA medical centers have established women's preventive health clinics with emphasis on cancer detection and osteoporosis. Ten hospitals now have their own mammography units.

Improvements in services to women veterans have been reflected in a noticeable drop in the number of complaints. One reason for this drop may be the presence of women veteran coordinators. At the Advisory Committee's recommendation, the director at each medical facility has appointed a coordinator for women veterans to act as a liaison to ensure proper care and treatment for women patients. The Veterans Benefits Administration, on its own initiative, has also appointed women veterans coordinators in its regional offices.

Although significant progress is being made, health care remains the most important ongoing concern of the Advisory Committee. There are still some areas in older medical centers where lack of privacy for women has still not been fully resolved. Although there have been considerable improvements in privacy, this does present a problem at some facilities, particularly in the psychiatry units. The Advisory Committee is concerned that budget constraints and competing priorities may be allowed to halt progress in this area.

The Advisory Committee is very concerned that the current workload reduction that is going on in the VA will have a disproportionate impact on female veterans and will work against the recent positive outreach efforts. As word gets out about Category B and C veterans being denied care, women who have only recently realized they were eligible for care will be discouraged from applying for benefits. Furthermore, many services do require a critical nucleus of patients for efficient and effective delivery. If the numbers of women in VA medical centers fall, this may be used to justify discontinuing services. This is particularly true in mental health, where it is difficult to provide a true therapeutic community for a minority of one or two women. Providing proper security for the small numbers of women on some psychiatric wards and in the domiciliaries also is a cause for concern.

Women have the same concerns about health problems stemming from duty in Vietnam, such as exposure to Agent Orange and post traumatic stress disorder, as their male counterparts. The Advisory Committee found that women veterans had been routinely excluded from studies conducted by the VA, the Centers of Disease Control, and other agencies. We also found a general lack of awareness or concern about the effects on women of their experiences in the combat theater. We believe that the VA should address the war experience of the women who served in Vietnam, specifically the physical, reproductive and psychological effects. We are pleased that the national Vietnam veteran readjustment study included

women. However, the committee is concerned that further delays are occurring and the women veteran Vietnam experience study.

Perhaps the most immediate need of most men and women leaving active duty is for assistance in finding employment. The 1985 Harris survey of women veterans reported that, although half of all women veterans are currently employed either full or part time, nearly one in ten report that they are unemployed but looking for work. The survey shows that unemployment or underemployment are significant problems for young women veterans. The reported rate for unemployment for women veterans 18 to 24 is 27 percent; for the 25 to 34 age group, it is 11 percent.

The Bureau of Labor Statistics of the Department of Labor began collecting employment data on women veterans in 1986. However, it will be years before the data base is large enough to be reliable. Until more information is available, there is simply no way of determining the employment status and unique needs of women veterans.

The VA and the Department of Labor have been working together in promoting employment of women veterans. The agreement between these two departments specified that the VA and Women's Bureau will consult and coordinate to identify issues of concern to female veterans and develop strategies to address these needs. We would hope to see this degree of cooperation continue and to be extended down to the State and local levels.

The Advisory Committee is impressed with the level of cooperation that exists between the various Federal agencies in the area of veterans employment. We believe, however, the efforts to improve women's employment could be enhanced by having a women veterans advocate accompany the VA representative to all meetings of the Labor Department's Advisory Committee on Veterans Employment. We have also recommended that a joint VA, Department of Labor, Department of Defense and Office of Personnel Management study group be established to discuss strategies to encourage the participation of women veterans in Federal employment.

As General Holm said last year, the Advisory Committee has no desire to take credit for the actions that have been taken to improve the delivery of services to the woman veteran. Our role has been that of a catalyst within the VA and with other Federal agencies. We believe that the major issues and problems have been identified. We are satisfied that the agencies responsible are responding to what needs to be done to ensure that the woman veteran receive the benefits to which she is entitled under the law. We are especially gratified with the positive response of VA at all levels of the organization.

That is not to say that all the problems have been resolved; obviously, they have not. The current budgetary problems need to be monitored to make sure that they do not affect women veterans unequally. However, under the leadership of Secretary Derwinski, and with the continued interest of the congressional oversight committees, we remain optimistic about the future.

I can assure you that the Advisory Committee will continue to call the shots as we see them, and will not be satisfied until women veterans receive fully equitable treatment in all programs. We

thank you for your interest and support for all of America's veterans.

That concludes my remarks. I shall be pleased to respond to your questions.

[The prepared statement of Admiral Shea-Buckley appears at p. 44.]

Mr. EVANS. Thank you, Admiral.

The July, 1988, report of the Advisory Committee suggested that awareness among women veterans had improved. Has there been a study showing improved awareness and what are the indications of improved awareness?

Admiral SHEA-BUCKLEY. I do not know of any study that has been done as a follow up on that. All I can say is we have noted an increase of women veterans coming into the hospitals and coming into the clinics, and the fact that we've been able to open up mammography units and things of that sort, which would require a patient population. That would indicate there's an increased awareness.

But as I said earlier, our big problem is outreach. We still aren't able to get to a vast population out there.

Mr. EVANS. Is it hard to reach the women veteran population because of the fact that they are not generally aware of the veterans programs, or are they are hard to reach because quite often their names change when they get married and so forth?

Admiral SHEA-BUCKLEY. I think we have all agreed that part of the problem is that they don't see themselves as veterans. Even though they may have served in the Armed Forces during World War II and in the Korean war, they feel that only men are veterans. This has been a significant problem. They will say I have only served 2 years, I didn't go overseas, I didn't do 20 years, or whatever. In reality, they just don't recognize it.

Mr. EVANS. There have been some suggestions that we try to improve their awareness at discharge centers, but maybe it should start when we recruit women into the Armed Forces and through their military experience.

I know there have been some suggestions that we improve awareness as they are discharged. But, as a former Marine who didn't see combat, I was fully aware when I went into the Armed Forces that I would have a certain set of benefits available to me. I don't know if you have suggestions along those lines, how we reinforce that awareness from recruiting through the military experience, up through the discharge, and then afterwards through outreach. I think it has to start with the military, too.

Admiral SHEA-BUCKLEY. I think it's certainly worth looking into.

Mr. EVANS. According to the minutes of the meeting last November, the Advisory Committee requested the following, a litany of things here: a written report, including statistical data by gender, on the number of veterans denied care since the curtailment of discretionary care, including restrictions on existing gender-specific health care services. Second, a written status report on the women veterans Vietnam experience study. Third, a briefing by Central Office public affairs on current and future programs to provide information on benefits and entitlements to women veterans. Fourth,

a report on the homeless program, with emphasis on implementation of Public Law 100-6.

Now, each of these issues is very important. Have you received a full and complete response to your requests?

Admiral SHEA-BUCKLEY. We have not received a complete response to our request, but we do understand that at the time there was undergoing a new Secretary, so that there were reasons for them not doing it. I'm not making apologies, but we did receive the report on the homeless.

The gender-specific statistics are not being kept in that way. They do not have gender-specific statistics. However, we have gone back and asked them to keep gender-specific statistics, and that will be coming out as a result of the meeting that we had in Minnesota a few weeks ago.

Could you refresh my memory on some of the other things that you wanted to know about?

Mr. EVANS. The written status report on the women veterans Vietnam experience study.

Admiral SHEA-BUCKLEY. That study is still on hold, as far as I understand. We are concerned and we have gone forward and said we would like it done, because we feel it is time.

Mr. EVANS. And the briefing by Central Office public affairs on current and future——

Admiral SHEA-BUCKLEY. We have not received that briefing as yet. But we were in Minnesota and it may have been difficult for them to get there. I think probably, when we have our October meeting, we will get that briefing. We feel that's a very important factor.

Mr. EVANS. We would appreciate receiving a copy of any written response that you have received from the Veterans' Administration for inclusion into the public record, if you would submit those.

Admiral SHEA-BUCKLEY. Absolutely.

Mr. EVANS. As they become available to you, we would appreciate follow-ups as well.

Mr. EVANS. At this time let me recognize Congressman Bob Stump. I have to vote as soon as he's completed his questioning and we will then recess the hearing.

Mr. STUMP. Thank you, Mr. Chairman. Admiral, thank you for your testimony.

I have one brief question for you. You made the statement that the current workload reduction would impact disproportionately on female veterans. Could you expand on that just a little bit, please?

Admiral SHEA-BUCKLEY. What we are concerned about is that women who are Category B and C, when they go in for treatment—we're speaking specifically about a medical facility now—when they go in for treatment, they will be turned away without receiving treatment because they were B and C categories. When they would initially go into the facility, they would be identified as B and C and not be seen.

Now, we have been out there telling people to come in and be seen. We know that some facilities have never taken care of B and C categories, particularly, say, in places like Florida. But we want to have them have the opportunity to be seen. We don't know how many of these women are being affected. That's why we asked for

gender-specific statistics. We don't want them to receive unequal treatment. We want them to get equal treatment. We're not asking for anything more than that. But we are concerned that they won't even get to that first step because they're B and C.

Mr. STUMP. Thank you very much.

Mr. EVANS. Thank you.

Admiral, we want to thank you. I want to give your Advisory Committee a great deal of credit. I know you don't seek credit for the actions that have resulted in some of the progress that has happened, but I think the Advisory Committee, keeping the edge going, has helped us out tremendously. So we want to thank you. Don't hesitate to contact us when we need to be aware of these issues and if your time permits, we hope you will stay for as much of the hearing as possible.

Any additional questions from other members of the subcommittee who were not able to join us now will be submitted to you and those questions, along with your responses, will be made part of the record.

At this time, due to the Democratic Caucus, I am going to recess the hearing until I return from this second vote.

[Whereupon, the subcommittee was in recess.]

Mr. EVANS. The hearing will come back to order. We want to call our next witness, Linda Caldwell, to the table.

Before we introduce her, because of time constraints, I am going to ask everyone to summarize in about 5 minutes their prepared statements. I know it is unfortunate that we've had these interruptions and it has put constraints on our time, but in the interest of giving everybody a chance to be heard, we will ask that witnesses summarize from their prepared statements. As important as this information is, we want to hear from everybody.

Linda Caldwell is Chairwoman of the State of New Jersey Advisory Committee on Women Veterans. She is an Army veteran and served in the Army Nurse Corps for 3 years. She volunteered to go to Vietnam and was stationed there from November 1967, through December 1968. She was discharged in 1969 with the rank of captain.

She later used the GI bill at Rutgers University and in 1980 received her masters. She currently is the program manager of the Somerset Medical Center in Somerville, NJ. She works closely with cancer patients and has been program manager for the past 2 years.

Welcome, Linda. We look forward to your participation in the hearing. I understand your daughter has accompanied you today and we're pleased to welcome you and her to the hearing. As I said, your entire statement will be made a part of the record and we urge you to summarize in about 5 minutes time.

STATEMENT OF LINDA S. CALDWELL, CHAIRWOMAN, ADVISORY COMMISSION ON WOMEN VETERANS OF NEW JERSEY

Ms. CALDWELL. Thank you, Mr. Chairman, and members of the committee. Thank you for the opportunity to come here and have my 5 minutes of the allotted "15 minutes of fame" that Andy Warhol talks about.

I am the Chairwoman of the Advisory Commission on Women Veterans for the State of New Jersey. This has been in existence since January 1 of 1987. It was set up primarily to devise and implement a method for accounting, identifying and locating female veterans and to advise the Governor and the legislature on the needs and concerns of the female veterans.

A little bit about the Commission, because we are kind of unique. I'm aware that there may be as many as two other States in the Union that have these commissions set up to address the needs of women veterans. But there are seven of us on the Commission. Three are appointed by the Governor, and two each by the Assembly and the Senate. We meet once a month. We are an official part of the Department of Military and Veterans Affairs, under the direct supervision of the Deputy Commissioner, Mr. Robert Wallace. We receive technical and advisory support from this Department.

The Department of Military and Veterans Affairs has several responsibilities, and one of them is to oversee the three long-term health care facilities in New Jersey. These are what we would commonly term nursing homes. They take care of that. They also take care of the veterans cemetery located in Arneytown, NJ. All of these programs that I will mention, by the way, are, of course, not gender-related, so women veterans as well as men are able to use these facilities. I am not positive of the number of women who are in the nursing home, but I know that they are there because we meet actually at one of the nursing homes for our meetings every month and we see women patients there.

The cemetery has been open since 1986, and so far has served approximately 920 veterans and their family members, saving them a total of about $6 million in interment costs.

The Division of Veterans Loans, Grants and Services provides claims assistance, counseling and other services to New Jersey veterans and their families. There are 18 offices that are located throughout New Jersey. The Veterans Service Officers that man these facilities provide counseling to veterans and their dependents about available State and Federal entitlements and programs, as well as providing assistance so that these entitlements can be applied for.

Another program that comes under the Department of Military and Veterans Affairs is the post traumatic stress disorder program, which was initiated in March of 1988. Again, this does not discriminate on the basis of sex and women are invited to attend these groups. It also extends to family members, which is kind of a different situation than exists in some places.

The homeless is another issue that has been addressed by the Department in New Jersey, and while there aren't any specific shelters that I am aware of for just women veterans, they are now beginning to ask the question "are you a veteran" when someone comes seeking shelter. The reason for that is that this information is relayed to Mr. Bill Kowalski, who is in charge of this Division of Loans, Grants and Services, and they make personal contact with the people in the shelters, the veterans, and ask them if they need specific things like transportation, should they be trying to apply

for jobs. Actually, until they become a little more independent, they will take them back and forth to a job.

In Salem County, which is down in the southern part of New Jersey, they are also into what they call a transitional housing program. That is funded jointly by HUD and the State as a means of alleviating the homeless veterans situation.

One other problem that is addressed by the Department is the free transportation that they offer veterans and their families in 11 of the 21 New Jersey counties. This system is in operation and it is hoped that that will be continuing throughout until all the counties are able to be serviced. They take the veteran and his family to such things as doctors appointments, pharmacies, the Veterans' Administration offices and so on.

The Agent Orange Commission in New Jersey I think is the only agency of its kind at the State level. They are now beginning to—They have all along been studying the effects of dioxin on the body, and now they are extending that study to women. Unfortunately, I have to report that because of budget constraints, this project has been halted. I was asked to be a participant in this, so you fill out a very long questionnaire. When I spoke to someone just last week, they said they are hoping this will receive funding in the near future and that they can continue, because heretofore it's only been on 90 men who served in Vietnam and they look to study 40 women in addition to see what kinds of problems Agent Orange may have caused.

One of the major problems that we have had as a commission is locating women veterans. Like our counterpart on the Federal level, that the admiral just spoke of, the VA Advisory Committee on Women Veterans, we have often encountered a reluctance on the part of women veterans to identify themselves as such. They don't categorize themselves as veterans; they don't feel that they're entitled to any benefits. In particular, there are certain Vietnam women veterans who refuse to actually even think about that.

I worked at a hospital with a women who said to me, it wasn't until I met you and you started talking about your experience that I "came out of the closet". Part of that is because of the treatment they received when they returned to this country. If you follow television at all and watch "China Beach", I think the episode where they were pelted with eggs and whatever might have been a little bit extreme, but that is truly the way that some of the women who returned from Vietnam were treated. Hence, they want to repress that part of their life.

On the other hand, we do hear from a lot of delightful women veterans, especially in the World War II era, who are very enthusiastic that this commission has been formed. They are interested in what benefits they have, primarily nursing care they're interested in. They're getting to that age, being in their sixties and seventies, where they are looking ahead and may not have the means of supporting themselves, so they ask us if there will be a nursing home for them.

One of the ways we have tried to gather data about the women veteran is to devise a profile. It's just a sheet of paper listing name, rank, serial number, that kind of thing. These have been mailed out to those women that we know of. They have been distributed to

veterans service organizations throughout the State who have been kind enough to print them in their newsletters, and we do thus far have about 500 of them back. This is a little bit disappointing when you think that there are 34,000 women veterans in New Jersey. New Jersey does rank ninth in veteran population among the States with 881,000, and 4 percent of that total are women.

One of the other things that we're doing to publicize our commission, and also the other programs as well, the Department of Military and Veterans Affairs is going to be publishing an ad in all New Jersey daily newspapers this summer that kind of gives a laundry list of what is available. It will include a toll free number and a tear-off sheet that they can send in. So we're hoping this will generate some more interest in our commission.

In addition, we are in the process—it should be hot off the press next month—of printing a New Jersey woman veterans newsletter. We're looking for a title, something a little less wordy. We're going to be sending this out quarterly to the women that we have on our computer list. It will have various and sundry articles about benefits and programs that are available. We are also planning—and we're very excited about this—a woman veterans information day, which will be September 16 at the High Tech Center at Fort Dix, NJ. We are planning a series of speakers and information booths, a panel discussion and luncheon. Depending upon the outcome of this, whether it's a success, which we're hoping for, we would like to do this on an annual basis, just so that we can reach that many more women veterans.

At the Federal level in New Jersey, in my area of Central New Jersey, there are two veterans hospitals located close to me. Both of them are quite different. One is an urban inner city hospital, the other is a rural, less acute care hospital. The latter is really a neuropsychiatric facility.

When I started asking about some of the services that are provided for the women veterans there, I found some very surprising differences. When I mentioned this to one of the employees, she said: "There's a saying within the VA system, that once you've seen one VA hospital, you've seen one VA hospital." In other words, not all VA hospitals are created equal in terms of facilities, supplies or services provided veterans.

One of the most surprising things to me was the fact that one hospital has special color-coded pajamas, color coded according to size, and the other one does not. The patients simply wear the same, regardless of gender. This may be nit-picky, but one of the most disturbing facts to me was the lack of sanitary supplies for women patients in this one hospital, such that nurses buy sanitary napkins out of their own pocket and bring them back into the hospital for these female patients because they are just simply not available. When they are available in the central supply of the hospital, they are quickly gone through. I guess they just don't replenish them fast enough.

Another point that was brought out to me was that in all the public bathrooms, both public and staff bathrooms, there are no dispensers for sanitary supplies, should a staff or visitor need this.

Both hospitals do have similar arrangements for women to receive breast and pelvic exams. The physical exams are done on the

assigned ward once the female patient is admitted. One hospital has a weekly GYN clinic for out-patients, the other does not. Mammograms are available, one at a private facility on a contractual basis, and one in a neighboring State—actually, at the Bronx, NY VA. Because that is kind of a hike for this particular hospital, they are looking to establish a shared agreement with one of the local university hospitals that is very close to them.

The homeless women veteran problem is being addressed at both hospitals. One has a pilot project close by their facility to provide shelter for homeless veterans, and the other one has an actual domiciliary unit on the grounds. This latter program has been in existence for quite a while and is quite successful. Actually, they provide clothing and transportation to job interviews, and some of the inhabitants there have actually found employment at the hospital itself, usually in the difficult to fill jobs.

PTSD is another issue that is addressed at both hospitals. One has an out-patient group specifically for women veterans with PTSD. The other has in-patient care that is provided. But the woman receives her care on the unit in terms of counseling and treatment in group therapy but has to be housed on the women's ward. The staff member that I spoke to said that if we had the luxury of more space, it would be much better to have the women stay with us throughout the 24 hours rather than have them shuffled back and forth.

There is also an out-patient PTSD group at this facility, but at present the women do not attend. The reasons given to me were not clear. It is either because women choose consciously not to attend, or because of the staff running the group. This same staff member said the psychologists and social workers don't understand the experience of women veterans.

One other complaint that was voiced by more than one staff member about the women's in-patient psychiatric unit was that acute patients were mixed with chronic patients. In terms of treatment, this is not always a good idea. Sometimes it's not possible to separate them. We realize that.

Personal grooming articles are not generally available for any of the patients, male or female. I guess there's like a shared can of shaving cream and a shared can of spray deodorant for the men, but for the women, these items have to be brought in from home. They can, however, be purchased at the canteen. There is a barber and beautician available to make bedside rounds, as needed. Those patients who are well enough can leave the hospital with supervision of staff to go to local barbers or beauty shops.

When I asked about changes that the staff members would like to see made to improve the care given to women veterans, one staff member said I would like to see their living space upgraded, make it nice for them, not just paint, but actually do some restructuring of the units. But I think the most significant was one staff member who said a change in attitude of the general staff members would be the most significant change. I quote. "If you could convince the staff that women veterans are veterans, maybe then women would be less reticent to apply for services."

Still another VA employee at an out-patient facility stated, "We need to get away from our 1940s ideology and recognize that we are

dealing with a different type of soldier. The old days of the black American Legion posts and Hispanic VFW posts are a thing of the past. So, too, we need to recognize that women are a minority type of veteran with special needs." He also felt that the Department of Public Affairs needed to highlight women veterans more frequently in their publications.

In summary, I think we have come a long way, and I don't mean to be completely negative. I think there have been great strides made in the VA system, even since I was discharged from the Army in 1969. But there is still a lot to be done in the future to provide equality for all veterans. There needs to be continuing education programs aimed at informing the public of the role of the woman veteran, community outreach programs need to be established and publicized. One of the big things that I feel is there needs to be better communication between the State and Federal—I think our State is a prime example—so that we know what the other hand is doing as far as veteran programs for women. It also seems apparent that more standardization of services needs to be provided at the VA hospital in terms of at least supplies.

Finally, I think probably the most pressing need that we look for—and it's hard to imagine the year 2000, but it's just round the corner—is the need for nursing home care. As a nurse dealing with chronically and seriously ill patients, I see this on a daily basis. Every patient that I come in contact with needs some sort of care when they go home. I think you really need to look into more nursing home beds. It is estimated in New Jersey that the total demand for nursing home care will rise to 14,800 by the year 2000. This is just for veterans needing beds, so we will need an additional 1,400 beds to maintain the current level of service.

That concludes my remarks.

[The prepared statement of Ms. Caldwell appears at p. 47.]

Mr. EVANS. Thank you very much.

New Jersey is to be congratulated for not only having one of the few advisory committees on women veterans, but also for just the general things it is doing for veterans of both genders. We appreciate your coming and talking about what New Jersey is doing.

What does concern us, however, is that many of these things that you have done in your State really should be a Federal responsibility. The transportation cutbacks, the inadequacy of Agent Orange studies, compensation and treatment, we really do view more or less as Federal responsibilities, so we thank New Jersey for being so active.

Another concern is your last statement, that within reason, the same kind of supplies ought to be available at the same situated facilities. Dr. Gronvall, in his statement submitted for this hearing, has reported to us that the recommendations of the VA Advisory Committee on Women Veterans regarding the availability of pajamas and robes for women and other toiletry items at the medical centers and canteens have been implemented by DVA.

But in your statement, on page 4, you report that one of the two VA medical centers, in central New Jersey furnish pajamas and robes for women veterans, but the other requires women veterans to use pajamas and robes furnished to male veterans. You also note that one of the two medical centers reports frequent nonavailabi-

lity of personal items for females, such as sanitary napkins. It is regrettable that underpaid nurses in the VA are paying for this out of their own pockets. We thank them for it, but we're concerned about this.

Could you give us the locations of these two facilities?

Ms. CALDWELL. Certainly.

Mr. EVANS. Are we dealing with one facility providing all these things? Could you tell us which facility is providing them and which one is not?

Ms. CALDWELL. The one that is is the East Orange VA, and the one that isn't is Lyons.

Mr. EVANS. Your statement on page 5 indicates that women veterans with PTSD are precluded from out-patient care for this condition at one of the two VA medical centers in New Jersey which you talked about. The Chief Medical Director, in his statement for this hearing, reports the following about women who have served in the Armed Forces in Vietnam: "Nearly 27 percent have had PTSD at some point in their lives and an additional 21 percent had some symptoms of PTSD." In other words, nearly half of all women veterans who served in Vietnam have suffered or are suffering from this condition. So this is obviously an important issue.

Is this the same medical center, the Lyons facility?

Ms. CALDWELL. The Lyons. The have a PTSD out-patient group, but the staff member that I spoke to said, at present, the women do not attend. They choose not to attend.

Mr. EVANS. But there's no encouragement, I assume, for them to attend.

Ms. CALDWELL. I assume that, too. That's an assumption on my part.

Mr. EVANS. Let me turn to Congressman Stump.

Mr. STUMP. Thank you, Mr. Chairman, and thank you, Miss Caldwell, for your statement. You've outlined some of the problems very well.

Other than the major problem of locating some of these women and informing them of their rights, as far as in-patient services are concerned, what would you deem to be the most pressing need for the women?

Ms. CALDWELL. If we are to believe the staff member—and I certainly do; she's a reliable source—I think a change in attitude. I was reading some of the other testimony, that they've had ongoing in-service programs about the staff at the hospitals. I would see that that would be the first place to start.

I would think inviting women veterans to come and speak—I know that both hospitals do have the committees that were mandated to be set up on women veterans, but maybe a little bit more in light of bringing people in so that they see that we're real people and that we have real needs and that we did serve proudly.

Mr. STUMP. Thank you.

Thank you, Mr. Chairman.

Mr. EVANS. Congresswoman Long?

Ms. LONG. Thanks, Mr. Chairman.

I don't have any questions, but I do want to thank you for your testimony. It is very much appreciated by me. Thank you.

Ms. CALDWELL. Thank you.

Mr. EVANS. We thank you for your time. We may submit to you additional questions and your responses to those questions will be made part of the record of the hearing today.

Ms. CALDWELL. Thank you.

Mr. EVANS. Our next witness is Dr. John Gronvall, Chief Medical Director, Veterans Health Services & Research Administration of the DVA. He testified before the subcommittee on this issue 2 years ago and we welcome him back.

He is accompanied by Dr. Susan Mather, Chief, Women Veterans Programs. Dr. Mather also serves as executive secretary for the Advisory Committee on Women Veterans. She testified before the subcommittee last month on the concerns of Vietnam and Vietnam-era veterans.

Hattie Bickmore is also representing the Department of Veterans Affairs today. She was recently appointed as Deputy Assistant Secretary for Veterans Liaison. She is a fellow Marine and is a Korean veteran. This may be her first appearance before a committee of Congress since assuming her new responsibilities and we extend a special welcome to her.

We also are glad to have Dr. Lawrence Hobson, Director, Office of Environmental Medicine, here representing the Department today. Mr. Ralph Ibson from the Office of General Counsel is also present today.

Dr. Gronvall, you know how we operate. Your entire statement will be made a part of the record and you may proceed whenever you're ready.

STATEMENT OF JOHN A. GRONVALL, M.D., CHIEF MEDICAL DIRECTOR, VETERANS HEALTH SERVICES AND RESEARCH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY SUSAN MATHER, M.D., CHIEF, WOMEN VETERANS PROGRAMS, DVA; HATTIE BICKMORE, DEPUTY ASSISTANT SECRETARY FOR VETERANS LIAISON, DVA; LAWRENCE HOBSON, M.D., DIRECTOR, OFFICE OF ENVIRONMENTAL MEDICINE; AND RALPH IBSON, OFFICE OF THE GENERAL COUNSEL

Dr. GRONVALL. Thank you very much, Mr. Chairman. I appreciate you introducing the people here with me at the witness table. I think we can make our opening comments quite brief.

I want first to comment a little on Mrs. Bickmore, Hattie Bickmore, whom you introduced. She is brand new to the DVA and we have just started to work together. As you point out, she is a Marine veteran, a veteran of Korea. Prior to coming to the DVA, she served as National Coordinator for Minority Enterprise Development at the Department of Commerce. She has just been appointed as the Deputy Assistant Secretary for Veterans Liaison and this is her first hearing as a VA staff member. I want to ask her first to make some brief comments.

Hattie?

Ms. BICKMORE. Thank you, Doctor.

Thank you, Mr. Chairman, and members of the committee. As a veteran, it is a special privilege for me and an honor to be here to join you today and discuss the issues of importance to our women veterans.

I am deeply committed to doing everything possible to ensure that america's women veterans are aware of and receive the benefits and services that I believe they have earned.

In just the short period that I have been at VA—as a matter of fact, it's 2 and one-half weeks—I have been impressed, just so impressed. It is an honor for me to be there because the commitment of the people that work at VA is just incredible, not only the people that are sitting here at the table with me today, but the other people, the guards and the people in the cafeteria, everyone is committed to the veterans. I don't mean to be shocked, but I guess I'm just so thrilled to be part of that organization.

I look forward to working with all of you and if I or my staff can be of help to you, that, too, will be an honor. So thank you very much. The years ahead are going to be great ones for all of us.

Thank you.

Mr. EVANS. Thank you.

Dr. GRONVALL. I appreciate those comments.

Then let me ask Dr. Susan Mather to provide the summary of our full statement. As you said in your introduction, Dr. Mather is well known to this committee. She is a physician, a pulmonary disease and infectious disease internist, who in our Central Office has been responsible for our women's program. Dr. Mather has worked very closely with the Women's Advisory Committee.

We, too, add our thanks and congratulations to the Women's Commission. They have, in fact, produced helpful, well though out, and feasible and appropriate recommendations that have helped guide our effort during these recent years. Dr. Mather, of course, has worked very closely with the full committee and with its leadership, particularly General Holmes and Admiral Shea-Buckley, in recent years.

Dr. Mather, I am pleased to turn to you to summarize our full statement.

Dr. MATHER. Thank you. I am honored to appear before the subcommittee again.

To summarize some of the progress that we have made—and I will try to be brief—I think over the past 6 or 7 years there has been a dramatic change in attitude. It may not have filtered down to every level in the organization, but I think the change has been notable. I would characterize it as a recognition of the fact that women are veterans, too, and when their country needs them, they respond.

Accompanying this change in attitude has been some tangible evidence in medical centers and regional offices that women are entitled to the full range of benefits and that the Department of Veterans Affairs wants to get the word out and is ready to meet their needs.

Women now comprise over 4 percent of the total veteran population. Between 1970 and 1988, the number of women discharged from VA medical centers more than doubled, from over 9,000 in 1970 to over 25,000 in 1988. A 1984 survey showed that women veterans are better educated than the general population. Only 3 percent do not have high school diplomas, and 47 percent have some college experience. Seventy-five percent of women veterans have

private health insurance, and perhaps this may account for the underutilization of women in VA health care.

Mr. Chairman, over the last decade, the Department has become increasingly sensitive to the unique health care needs of women veterans. A number of VA medical centers have set up special women's clinics which emphasize early cancer detection. As you know, this is a big concern among women veterans who do appear to have a slightly higher lifetime prevalence of cancer than the population. These clinics also emphasize osteoporosis prevention and treatment, gynecology, nutrition, and general preventive health.

VA medical centers assess their ability to meet the current and future needs of women veterans and take action when unmet needs are identified. Program initiatives, such as special women's clinics and mammography units, and facility construction or renovation projects to improve privacy for women, are in place in each medical center's plan. Planning to meet the needs of the aging women veterans is also an integral part of the planning process.

As you heard from Admiral Shea-Buckley, the VA's Advisory Committee on Women Veterans was established in 1983. It is closely monitoring the progress of the VA in meeting the needs of women veterans in VA facilities.

Most of the committee's recommendations have been implemented by the Department. Probably one of their most successful was the appointment of a women veterans coordinator at each medical center. You can be sure that we will be getting to the coordinator at Lyons this afternoon to find out what we can do about some of the problems that have been shared with you at this hearing.

We share the committee's concern about the effects of service in Vietnam. However, several studies of health effects of service in Vietnam have been completed since the study of women veterans was first contemplated in Public Law 99-272. One of these, the comprehensive National Vietnam Veterans Readjustment Study, done by the Research Triangle Institute, included an oversample of women veterans. As stated in the full text of the testimony submitted for the record, post traumatic stress disorder, depression and alcohol abuse were of higher incidence among women who served in Vietnam than among those who did not.

Another study would surely give similar results. However, further analysis of the extensive data on women collected as a part of the Research Triangle Institute study would expand knowledge of women's reactions to stresses under hostile conditions. Dr. Gronvall is seeking the opinion of the Office of Technology Assessment regarding a determination of whether a scientifically valid study, as described in Public Law 99-272, is feasible, or whether an alternate study should really be pursued.

Although the provision of health care has received the most attention in VA's efforts to better meet the needs of women veterans, the Department of Veterans Affairs provides a full range of other benefit programs which are available for women veterans. The criteria which must be met to qualify for these benefits are exactly the same for men and women. Women veteran coordinators have also been appointed at all regional offices.

This concludes the summary of our comments. I will be pleased to answer any questions you may have.

Dr. GRONVALL. Then, Mr. Chairman, I would just say that in Admiral Shea-Buckley's testimony and in her response to questions, you asked about items that we are preparing for the committee or our responses to the committee. I want to assure you that we view the committee as extremely important and very helpful, and a major force in regards to all of our programs for women veterans. So we will certainly follow up and continue to work very closely with the committee, providing to them whatever they need to have good information about all of our programs that will help them then formulate continuing recommendations to help guide our programs.

With that, we will be pleased to respond to any questions that you or the committee members have.

[The prepared statement of Dr. Gronvall appears at p. 51.]

Mr. EVANS. Having reviewed most of the statements submitted to us for the record, you get pretty good marks for the progress you've made since the last hearing, so I want to congratulate you for that, in terms of reaching out particularly. We need to continue that, obviously, and reach even more women veterans. But I wanted to congratulate you before I clobber you over the head for some other items.

Dr. GRONVALL. I appreciate that very much. Thank you, sir.

Mr. EVANS. I am particularly concerned about the portion of your testimony which relates to the woman Vietnam veteran experience study mandated by Congress. First, however, I have several questions relating to the national Vietnam veteran readjustment study conducted by the Research Triangle Institute.

Based on this study, how many women veterans have experienced PTSD and how many additional women veterans have experienced symptoms of PTSD?

Dr. GRONVALL. Well, our statement gives some comments about the proportion. I don't have the exact numbers here, so I think we should submit that for the record.

Mr. EVANS. I think you testified that about 47 percent, roughly, have either experienced PTSD at one time or another, or are currently experiencing——

Dr. GRONVALL. Or the symptoms, yes.

(Subsequently, the Department of Veterans Affairs submitted the following information:)

The National Vietnam Veterans Readjustment Study, conducted by the Research Triangle Institute in response to Public Law 98-160, included a sample of 600 female veterans. Analysis of the lifetime prevalence of PTSD indicated that 26.9 percent of women serving in the Vietnam theater had the full-blown disorder at sometime in their lives. An additional 21.2 percent of women theater veterans reported that their lives had been seriously affected by PTSD symptoms even though their problems did not meet the criteria required for diagnosis. Based on this study, it was estimated that 8.5 percent of women theater veterans had PTSD at the time the study was completed (or approximately 610 women). An additional 7.8 percent (or roughly 560 women) suffer from impairments in functioning related to PTSD but do not meet the full set of diagnostic criteria.

Mr. EVANS. I don't know if you would have this, but if you could submit it for the record, how many of the women veterans who

suffer from PTSD or have the symptoms have received help from the Department?

Dr. GRONVALL. Yes, we surely do have data on the number that have come to us, and we would be pleased to supply that.

(Subsequently, the Department of Veterans Affairs submitted the following information:)

According to the National Vietnam Veterans Readjustment Study, of the 7,200 women who served in Vietnam, 610 now have PTSD and another 560 have serious symptoms associated with PTSD.

The data show that 1,170 female veterans who have PTSD or such symptoms are more likely to seek and receive care in a Department of Veterans Affairs medical facility than their male counterparts. Of those female veterans who currently have PTSD, 73 percent have used mental health services at least once. Approximately 60 percent of those seeking help have used VA facilities with 41.4 percent of the women seeking help in a VA medical facility and 31 percent having used readjustment counseling at Vet Centers.

Mr. EVANS. I would also like to know the maximum number of women veterans who could receive medical care for PTSD through the Department in any 1 year, in terms of the case load and the clientele that you reach.

Dr. GRONVALL. I want to be sure—You're asking for the total number that we have reached?

Mr. EVANS. The total number reached, but also the number you could reach. The maximum number in any 1 year and what your capability is.

Dr. GRONVALL. The capability of VA to provide care, as distinct from the number of people who might need care if we could reach them?

Mr. EVANS. Right.

Dr. GRONVALL. Yes, we can provide that.

(Subsequently, the Department of Veterans Affairs submitted the following information:)

According to the National Vietnam Veterans Readjustment Study, the prevalence rate of PTSD is estimated to be 8.5 percent for those women who served in Vietnam (610) and 1.1 percent for those who served in the Vietnam era (2,910). Since VA is already providing care to a significant number of the estimated population of female Vietnam theater veterans who have PTSD and the total numbers are relatively small, there is little doubt that VA could and would provide care in Vet Centers and VA medical centers to the entire population of women veteran who are presently diagnosed as having PTSD. In addition, a full range of in-patient and out-patient treatment services would be provided as necessary consistent with available resources to meet the total population of female veterans who may have symptoms associated with PTSD.

Mr. EVANS. How many women veterans have filed a claim for compensation based on service-connected PTSD and how many of those claims have actually been approved.

Dr. GRONVALL. We can certainly provide that.

(Subsequently, the Department of Veterans Affairs submitted the following information:)

The following statistics come from the Veterans Benefits Administration's Special Issues Rating System (SIRS) and reflect the experience since July 1, 1985. No statistics on claims prior to that date are available.

Claims for PTSD Since July 1, 1985

	Claim Approved		Claim Denied		Total Number
	Number	Percentage	Number	Percentage	
Women	109	49.1	113	50.9	222
Men	22,195	54.4	18,566	45.5	40,791
Total	22,304	54.4	18,709	45.6	41,013

Mr. EVANS. The Department has concluded that "a scientific valid study as described in Public Law 99–272 is probably not feasible." This is the women veteran Vietnam experience study.

First, is this study not feasible or probably not feasible and why?

Dr. GRONVALL. The reason the statement has equivocating language is that we have not finally reached that conclusion. We are in the process of final deliberations and discussions with the Office of Technology Assessment, as well as our own staff, and the contractors that we had turned to to try and develop a protocol for the study. We are, I think, nearing a conclusion, as indicated in the statement, but that has not been made finally as a conclusion.

Mr. EVANS. What is the time frame?

Dr. GRONVALL. The conclusion of the VA will be adopted quite shortly. We have a major discussion session again tomorrow afternoon on the issue. I would expect within the next few weeks the VA will take a position on whether a study is, in fact, scientifically feasible.

Mr. EVANS. And you intend to notify Congress at that time?

Dr. GRONVALL. Yes. The legislation provides, in fact, a specific provision for the Secretary to make a notification to Congress on that question.

Mr. EVANS. With whom are you exploring this issue at OTA?

Dr. GRONVALL. Well, there are a number of staff members at the Office of Technology Assessment who have been responsible for organizing the OTA review of the protocol on several different occasions. I have been in meetings myself with at least three staff members at OTA.

Mr. EVANS. Thank you.

Mr. Stump?

Mr. STUMP. Thank you, Mr. Chairman. I have no questions. I would like to thank all of you for your testimony this morning, and a special thanks to Miss Bickmore on your first appearance before this committee.

Mr. EVANS. Congresswoman Long?

Ms. LONG. Thank you, Mr. Chairman.

You have talked about some of the improvements that you've been able to make in the last couple of years, and you have also indicated that we're not at a point where we need to be in terms of providing women veterans the services that they deserve. What specific steps are you going to be taking and what do you see down the road?

Dr. GRONVALL. I think it is best for me to ask Dr. Mather to comment on any specific steps that are in the planning process or that we're working toward.

Dr. MATHER. I think, from a policy point of view, the policies are in place. I think the work over the next several years will be in implementing it so that the policy is understood at every level, including the local people who are working in the clinics. As we heard earlier, not everyone has sort of gotten the word and that's one of our concerns.

The other concern is the numbers of women. While 4 percent of the veteran population is female, approximately 2 percent of the patient population in VA hospitals is female. This represents relatively small numbers in some hospitals. It is difficult to provide a truly therapeutic milieu, particularly for psychiatric illness, where you're dealing with a population of 2 women on a ward with 30 men, for example. You can imagine that's not a "real world" kind of situation. So these problems are ones that we will continue to deal with.

We have to decide whether it's better to send people some distance from their homes so that you can provide a first-rate program for larger numbers, which is, in fact, what we do for cardiac surgery, for example, or whether to try innovative kinds of things so that people can stay near their homes. I think we will be trying some solutions to problems where we can't change necessarily the numbers, but we can perhaps try some new solutions.

Mr. EVANS. We thank you, Doctor, and your entire staff. We have an array of other questions we're going to direct to you and ask that you respond to them in writing. Those responses will also be made a part of the record.

Dr. GRONVALL. Thank you, Mr. Chairman.

Mr. EVANS. Next we have representatives of the Department of Labor, the Office of Personnel Management, and the Small Business Administration, if they will come forward and be seated.

Representing the Department of Labor are Mr. Donald Shasteen, the Assistant Secretary of Veterans Employment and Training Services, and Miss Debra Bowland, Deputy Director of the Women's Bureau. Don testified before the subcommittee 2 years ago and we welcome him back.

Mr. Leonard Klein, Deputy Associate Director, Career Entry and Employment Development, will be testifying on behalf of the Office of Personnel Management. The Small Business Administration is represented today by Mr. Leon J. Bechet, Acting Director of Veterans Affairs.

We want to welcome all of you. The prepared statements that you have submitted will be included in the record, without objection. Each witness is asked to summarize within 5 minutes their submitted statements.

Before I call on Donald Shasteen, I want to note for the record that the Department of Labor ignored my request to submit timely testimony. We would like an explanation from representatives of the Department. We understand that your testimony has to be cleared by OMB, but other departments have that same problem. I think you had sufficient notice and yet you failed to submit your statement as requested.

I don't understand what the problem is. Frankly, I think it's a matter of simple courtesy to the members of this committee and I

think I can speak for both sides of the aisle on this. But if you could explain to us why this happened, I would appreciate it.

STATEMENTS OF DONALD E. SHASTEEN, ASSISTANT SECRETARY OF VETERANS EMPLOYMENT AND TRAINING SERVICES, U.S. DEPARTMENT OF LABOR, ACCOMPANIED BY DEBRA BOWLAND, DEPUTY DIRECTOR, WOMEN'S BUREAU; LEONARD KLEIN, DEPUTY ASSOCIATE DIRECTOR FOR CAREER ENTRY AND EMPLOYMENT DEVELOPMENT, OFFICE OF PERSONNEL MANAGEMENT; AND LEON J. BECHET, ACTING DIRECTOR, OFFICE OF VETERANS AFFAIRS, SMALL BUSINESS ADMINISTRATION

STATEMENT OF DONALD E. SHASTEEN

Mr. SHASTEEN. Mr. Chairman, first of all, I certainly want to apologize for the delay in getting the testimony here. When I learned yesterday morning that you still did not have the testimony, I came unglued.

What happened, as you know, there are two processes. One is within the Department and one within the administration. It happens that both processes are new and both happened to bog down. I learned about that yesterday morning. As manager, I should have been on top of it ahead of time. I have seen the testimony as far back as a week ago, so I knew that it had been prepared and put into the system.

I apologize both personally and on behalf of the administration. I know that it's a disservice to the Congress not to provide the testimony far enough ahead of time, usually at least 48 hours, so that you can prepare your questions and so the answers to those questions can be most effective in meeting the committee's needs.

Again, I will carry the message back to Mrs. Dole about what happened here, and I can assure you that it will not happen again.

Mr. EVANS. I appreciate that, but this is not the first time that it has happened, as far as the Department of Labor is concerned. I would think it would be helpful for this not to happen again.

Mr. SHASTEEN. I understand and I will carry the message back.

Secondly, I would like to convey to you both greetings and a very strong commitment from Mrs. Dole to the work that this committee is doing. First of all, she is very committed to veterans. As you can understand, she is married to a special disabled veteran, and one who, by law, has top priority. I hope that we never have to render those top priority services to him, but he is in a high-risk business, as you know, so there is the possibility that some day he will come to us for help.

Secondly, of course, as a female member of the administration, and a person very committed as a female to service in Government, she especially recognizes the high degree of commitment that it takes for women serving in the military, both today and in the years past, particularly during the Vietnam era.

Third, I am very pleased to present Mrs. Debra Bowland, who is with me, from the Women's Bureau. She is the Deputy Director of the Women's Bureau. We work very closely with the Women's Bureau in carrying out our projects and our programs on behalf of women veterans.

With that, I would submit my testimony for the record and would simply sum up in just a very few words.

Two years ago we were here, and 2 years ago I made a commitment, along with an individual from the Women's Bureau, to improve our outreach and our services to women veterans. I am pleased to report, first of all, that for program year 1986, which ended on June 30, 1987, we had 121,133 female veterans who registered with the Job Service, our delivery system, to receive employment and training services. One year later, program year 1987, that number had increased approximately 2,800, to 123,924. That's for the year ended June 30, 1988.

That increase in bringing women veterans into the system that we administer compares with a decrease in the total number of veterans who came into that system during the same period, from about 2,570,000 down to 2,471,000. So we dropped about 100,000 in the total number of veterans who came in, and we increased the number of female veterans who we service through our delivery system, the Job Service, by approximately 2,800.

The second thing I would mention is that since that time 2 years ago when we were here, we have seven women veterans training projects operating. We advertised in the Federal Register proposals, and we have those projects operating now in Burlington County, Fort Dix, NJ; in Suffolk County, NY; in Portland, IN, which is rural outreach; in Phoenix, AZ, which serves the general veteran title 4(c) population; in San Antonio, TX and in Dallas, TX, largely serving recently separated; and in Olympia, WA, which serves recently separated women veterans with ties to the Job Corps.

Finally, in the SGA, the Solicitation for Grant Applications that we just recently published in the Federal Register for the use of our funds for the program year beginning July 1, we have female veterans targeted as a group, that we're inviting the applicants for our funds to submit special proposals, special projects, in order to qualify for those funds. As I committed to this committee 2 years ago, female veterans are a targeted group with respect to our request for those proposals.

With that, Mr. Chairman, I would be glad to endeavor to answer any questions you have, or to turn it over to others.

[The prepared statement of Mr. Shasteen appears at p. 58.]

Mr. EVANS. At this time we're going to recess for a pending vote on the Journal on the floor. So again, we thank you for testifying and ask your indulgence as we have to attend this procedural vote. We will recess for a period of 15 to 20 minutes.

[Whereupon, the subcommittee was in recess.]

Mr. EVANS. The hearing will resume. We will now hear from Mr. Klein.

STATEMENT OF LEONARD KLEIN

Mr. KLEIN. Thank you, Mr. Chairman and members of the committee.

I have a statement from Constance Newman, our new Director of OPM. She wanted to be here today, but due to the press of business during her first week in office, was unable to appear and asked me to represent her.

There are now over 33,000 women veterans working in the Federal Government. Women and men veterans all can benefit from a variety of employment programs that OPM operates to enable the Government to attract and use veterans in Civil Service. You may be familiar with these programs, but I would like to bring you up-to-date on their purposes and features.

The veterans preference provisions of the statutes governing competitive appointments in the Civil Service have long been in place and apply to women veterans as well as men. All preference eligible veterans are entitled to 5 points added to their score on Civil Service exams, and eligible disabled veterans are entitled to ten points.

During fiscal year 1988, the Federal Government hired over 3,600 Vietnam-era veterans who were women, which is 9 percent of the total veterans hired in that category. Women comprise 3 percent of that category in the national work force, so we're doing rather well, hiring three times the rate.

There is also a special authority for the noncompetitive appointment of Vietnam-era veterans, called the Veterans Readjustment Appointment Authority. It allows the noncompetitive appointment of Vietnam-era veterans to Federal jobs without going through the normal competition process. After 2 years of satisfactory service, they can be converted to the career service without further competition. In fiscal year 1988, nearly 700 women were hired through this process.

There is also a special authority that allows the non-competitive appointment of veterans who are 30 percent or more disabled. This special authority was used to hire 172 of the 686 disabled women veterans hired during 1988.

OPM also administers the disabled veterans affirmative action program. We work closely with agencies such as Labor and DVA to operate programs to employ disabled veterans and to help these veterans advance in their careers.

We also encourage the continuing success of these programs by the use of extensive publicity, including distributing job information to veterans and attractive brochures that we have put out. In fact, we have had six or seven in the last couple of years, one of which won a national award for design, a first among Government recruiting brochures. I will leave some of those with you this morning. OPM also cooperates with the Department of Veterans Affairs and the Labor Department in their efforts to help veterans.

OPM is strongly committed to the employment of all veterans, women and men, and to helping veterans realize their full potential in their Federal service careers.

That concludes my remarks. I will be available for any questions you may have.

[The prepared statement of Constance Newman, as delivered by Leonard Klein, appears at p. 67.]

Mr. EVANS. Thank you, Mr. Klein.

Mr. Bechet.

STATEMENT OF LEON J. BECHET

Mr. BECHET. Mr. Chairman and members of the subcommittee, Mrs. Susan Engeleiter, the Administrator of the Small Business Administration, has asked me to appear before you today. She and I both want to thank you for the opportunity to participate in your examination of the status and concerns of women veterans.

At the national level, the Small Business Administration has two offices which offer programs with a special emphasis on assisting women entrepreneurs. My office, the Office of Veterans Affairs, was created to implement the congressional mandate that veterans receive special consideration in the programs administered by the agency. This mandate includes women veterans.

We also have the Office of Women's Business Ownership, which is charged with addressing the needs and concerns of all women entrepreneurs. In either case, the Small Business Administration is interested in the needs and aspirations of women veterans who want to own and operate their own small businesses successfully.

Permit me to provide some statistics on businesses owned by women and women veterans. Internal Revenue Service figures from 1986 show that there were 4.1 million women-owned sole proprietorships. This represents a growth rate of 64 percent from the 2.5 million women-owned sole proprietorships in 1980. Receipts for these businesses represent $72 billion, which doubled in the 1980 through 1986 period.

A question of interest to my office is whether women veterans are doing as well as women generally in the business area. I suggest that the answer is that in the business area they are doing as well as their non-veteran counterparts. There are 1.2 million women veterans in the United States. They comprise 4.3 percent of the total veteran population. About 705,000 are wartime veterans, of whom 252,000 are Vietnam-era veterans. Yet, more than 20 percent of all women veterans served only during the peacetime period following the Vietnam era.

Population data indicate that in 1980 women veterans comprised approximately 1.4 percent of the female population over age 24. Yet, according to the Bureau of Census' 1982 "Characteristics of Business Owners", about 10 percent of women-owned businesses are owned by women veterans. More than 21 percent of the 89,000 women-owned corporations are owned by women veterans, and 29 percent of the women-owned firms grossing more than $1 million annually are owned by women veterans.

In other words, women veterans appear to be well represented in all these categories of business ownership. The survey also found that women veterans on duty during the Vietnam war are less likely to own a small business than those on active duty during either World War II or Korea. However, this last finding probably has changed since 1982, which is the most recent year for which we have figures, due to the aging of the Vietnam era population.

SBA's own research, based on early and mid-1980's data, paints a similar, though not identical, picture. While WWII era women veterans have a higher self-employment rate than their non-veteran peers, Korean and Vietnam era women veterans have a lower rate. Nevertheless, women veterans in general have both higher self-em-

ployment and wage incomes than their non-veteran peers. SBA's data on income levels of various categories of women veteran wage earners are consistent with the Department of Veterans Affairs findings, which were published in *Demographic and Socioeconomic Data on Female Veterans,* February, 1985.

(See tables for cross tabulations on self-employment rates and incomes of various categories of veterans, on p. 74.)

Women veterans, Mr. Chairman and members of the committee, have been active participants in SBA's loan programs. During fiscal year 1988, there were 128 Small Business Administration direct and guaranteed loans to women veterans for $19.5 million. This accounts for approximately 4 percent of the total loans made by SBA to veterans. In the first 8 months of 1989, the SBA has made 113 of its direct and guaranteed loans to women veterans. Annualizing these figures, it demonstrates that approximately 7 percent of SBA's loans—even though the documentation, the transcript says four percent—it is actually 7 percent of SBA loans that were made to women. Certainly this isn't enough, but we hope to do better in the coming year.

Mr. Chairman, this concludes my prepared statement. I will be glad to answer any questions that you or the committee might have.

[The prepared statement of Mr. Bechet, with attachments, appears at p. 70.]

Mr. EVANS. Thank you all very much for testifying.

There's a feeling that women veterans are more aware and better informed of the benefits and services for which they're eligible as a result of serving in the military. But I would like to know what specific actions each one of your agencies has taken in the last fiscal year to improve that awareness among women veterans and what actions you will be taking this fiscal year to keep that movement going.

Mr. SHASTEEN. I would be glad to begin.

Within the last fiscal year and a half, our agency has teamed up with others, including the Women's Bureau, to hold two national conferences of women veterans, one in Washington, D.C., and the second was last fall in Denver, CO. There is a third scheduled for this coming fall in Denver.

Secondly, I would mention the seven specific projects that we have now funded for women veterans. The testimony will show that there are more than 700 women veterans enrolled in these training projects in seven different cities, with placement goals of somewhere around 450. I would like to see all 750 or so placed. But again, it is emphasis that we are placing on women veterans. And then, as I mentioned earlier, in our solicitation for grant applications, we are targeting women veterans.

Really, Mr. Chairman, I feel we are not doing enough in relation to our other priorities, but we are putting an emphasis on women veterans. I truly believe that we're going to know—we are learning a lot more today about the problems of women veterans than certainly we did 2 years ago. We have a ways to go, but we're making progress.

Mr. EVANS. Mr. Klein.

Mr. KLEIN. Yes, at OPM we're putting our emphasis on working with Federal agencies to develop their affirmative action programs for veterans. We feel we really can't make progress without a plan, a strategy that outlines where we're going. We have been putting additional emphasis on working with those agencies who, after all, do the hiring of women and into the Federal service, veterans particularly.

We are also providing training courses for personnel specialists in Federal agencies, so they are aware of all these special hiring programs. It really cuts through a lot of the red tape in the hiring process in order to reach the kind of people we want.

We view veterans as being a very attractive source of hires for Federal Government. Most of them come in with excellent training. Our labor market is declining, and it is predicted that in the next 10 or 15 years it is going to be far more competitive than it is now. We look at veterans and people coming out of the service today as being an excellent source of future employees for us. So we are putting emphasis on helping agencies understand how to use the tools we have and actually getting out there and training people.

Mr. EVANS. OPM has the responsibility, does it not, to help guide the affirmative action programs——

Mr. KLEIN. That's correct.

Mr. EVANS (continuing). Of the contractors?

Mr. KLEIN. Not of the contractors, but of the agencies.

Mr. SHASTEEN. We have that responsibility.

Mr. EVANS. You have that responsibility.

Mr. SHASTEEN. At Labor, yes, sir. It's really under the Office of Federal Contract Compliance Programs. But our agency is responsible for monitoring what is happening.

Mr. EVANS. Has there been movement there to help women veterans?

Mr. SHASTEEN. As a matter of fact, there is no emphasis particularly on women veterans in that program. We have just begun to implement the report requirement. Every Federal contractor with a contract of $10,000 or more is required to file an annual report with our agency on covering really two types of veteran—the number of special disabled veterans and the number of Vietnam veterans hired during the year covered by the report, and then the number of special disabled veterans and the number of Vietnam-era veterans who are in the employment of that company by category, such as clerk, warehouseman, manager and so forth. We have about a dozen categories.

But once again, as with many of the Job Service services that are provided to veterans, there is no breakout as to women veterans compared with male veterans. The only thing we have in the U.S. Employment Service, the figure we get is the total number of women veterans—I used these figures earlier—who come into the system seeking help. When it comes down to finding the types of help they receive, whether it's counseling, whether it's testing, referral to training or referral to job, they are lumped in with all other veterans. It's a reporting problem that we have, but once again, we're dealing with such a small group compared with the total number. Now, we have 3 to 4 percent today in military serv-

ice. We have 10 percent in the 1990s, and we're going to have 15 percent female. It's becoming more important. But to get that data from each State, and for each State to get it from each local Job Service office becomes quite a chore and quite costly.

Mr. EVANS. Aren't we asking for just one more question, basically what is the sex?

Mr. SHASTEEN. Well, one more question with regard to each category. In other words, the services are mandated by law. Like counseling, you need to break that out, if you have the number of men, the number of women counted, and then on down to referred to training, receiving some reportable service, referred to jobs, and then we have categories for referrals to Federal contractor jobs.

Mr. EVANS. But the lack of data means we don't have a clear picture then.

Mr. SHASTEEN. That is exactly right. We do not have a clear picture. Until that data is required, we're not having a clear picture.

Now, again, it's a small sampling today, 4 percent of the veteran population. But 10 percent in the military today, and in the 1990s it's going to be 15 percent of the military, and who knows, it may go on up to——

Mr. EVANS. Until it's required by Congress you're suggesting, or by the regulations?

Mr. SHASTEEN. Well, I'm saying actually, in order for that kind of information to be required, it would require congressional action of some kind; yes, sir.

Mr. EVANS. We'll take a look at that. Thank you very much.

Mr. Bechet.

Mr. BECHET. Mr. Chairman, the immediate thrust of our effort has been toward outreach. One of the problems that we found we had was really identifying what veterans knew about the Small Business Administration and the programs and other assistance that we had to offer. So with money from Congress, we have gone all out to try to educate veterans by training, by making contact with them about what we have to offer.

Along those lines, we insisted that each of our field offices, of which there are 120 or so, we insisted that they have specific outreach programs directed towards veterans with disabilities, veterans generally, especially Vietnam era and disabled veterans, and last but not least, women veterans, so that they are apprised of what we have to offer.

Mr. EVANS. Thank you.

Congresswoman Long.

Ms. LONG. Thank you, Mr. Chairman. I have several questions.

Mr. Bechet, I don't know if I'm missing a link in your testimony, but you indicated that 1.4 percent of the women in the country are veterans, yet 10 percent of the women who own businesses are veteran women. Yet you say fewer women veterans than non-veterans are self-employed. I don't understand how both of those statements can be true.

Mr. BECHET. I'm sorry. What page was that?

Ms. LONG. Page 3 and page 4.

Mr. BECHET. Okay. Initially we referred to the 1.4 percent of the total female population over age 24. Our Office of Women Business

Ownership has indicated that roughly 10 percent of women-owned businesses are women veteran owned businesses.

Ms. LONG. Do you understand my question? If a higher percentage of veteran women own businesses than non-veteran women, how can that be correct if fewer veteran women are self-employed than non-veteran women?

Mr. BECHET. In the last case I referred to both self-employed—I was referring to income. I'm not sure that I understand your question.

Ms. LONG. Doesn't self-employment refer to owning your own business?

Mr. BECHET. Yes.

Mr. DIERCKS. Excuse me. My name is Greg Diercks and I helped put together this testimony. I think there may be a statement here that's incorrect and we will have to issue a clarification. The self-employment rate of women veteran small business owners in certain categories, based on age or based on service, is higher than their non-veteran peers, but in other categories it isn't.

When you look at the overall statistic, I think that women, self-employed female veterans, have a higher self-employment rate than their peers, and they also have a higher income except for the Vietnam era women. We can issue a clarification on that.

Ms. LONG. Yes, would you do that, because those are inconsistent.

Mr. DIERCKS. Right.

Mr. EVANS. That clarification will be made a part of the record.

[The clarification appears on p. 100.]

Ms. LONG. I have some other questions here, one for Mr. Shasteen.

On the final page of your testimony you indicate that some of the information that we have regarding women following military duty, that the data you have are rather meager, that you have rather meager information. My question is, why is the information meager, or why do you not have more data?

Mr. SHASTEEN. Are you talking about information from the military, or are you talking about information from——

Ms. LONG. Information regarding employment after military service. It's on the final page of your statement.

Mr. SHASTEEN. It's primarily because we do not have an adequate system for tracking what happens when people come out of military service. If they don't go to a local Job Service office for some kind of service, we don't have a record. We are correcting that problem through a process which we call Transition Management.

The Department of Defense is cooperating with us. We have a pilot project that is underway at Fort Bragg right now that will be expanded. Our plan is, within the next 3 years, to expand it to about 186 military installations nationwide. We will use the local offices of the Employment Service to reach out and provide those services on military bases that will assist people who are transitioning out of military service.

We will be bringing to the Hill very shortly a proposed change in legislation that will authorize our disabled veteran outreach specialists and our local veterans employment representatives to serve personnel before they become veterans. Technically, we are not al-

lowed to use our personnel that we fund through the Job Service to serve non-veterans, and so what we will be proposing is that 90 days before separation those persons will be regarded as other eligibles for purposes of receiving services from our DVOPs and LVERs. Then we can actually go on the military installations. As a matter of fact, we're on those installations today, on a number of them. But we will go on those military installations and, starting 90 days ahead of time, will give people separating from military service the labor market information that they need to translate their military skills into civilian skills and help direct them into areas of the country where those jobs are available.

We think that is the answer and that that will improve the services very much to female veterans.

Ms. LONG. You may have already given this figure, but I don't recall hearing it, though. Do you have statistics on what percentage of people who are served through the Job Training Partnership Act are women veterans?

Mr. SHASTEEN. I don't know that we have those, but I will endeavor to get those for you. We do have the number who are veterans. Whether we have the breakdown again as to women veterans, I will check and get that information to you, if we have it. We will let you know if we don't have it.

Ms. LONG. I have another question. At one point you sponsored a pilot program to provide information to veteran women regarding jobs in the civilian labor market. I think that that pilot program has been discontinued.

Mr. SHASTEEN. We had a pilot program in Everett, WA. I believe it is still operating. As a matter of fact, the person who put it together is in the back of the room. He's on my staff now.

Jim Rude, is that project at Everett still operating, or has it been completed?

Mr. RUDE. It has been terminated, but there is now another program in that State for women veterans.

Mr. SHASTEEN. All right. But we do have special projects for women veterans that grew out of that pilot project that we are now operating in seven other cities. Those are the ones I made reference to in my summary testimony at the beginning.

Ms. LONG. Mr. Chairman, do we have the complete information on the replacement projects, because if we don't, I would be interested in having that.

Mr. SHASTEEN. There is reference to that in the testimony, but only one of those projects is far enough along for us to really have any data. The other six are not that far along. But there is reference in the testimony to those seven projects. We will be glad to provide you with what data we have.

Ms. LONG. I would like that data.

Mr. EVANS. That will be made a part of the record.

[The information appears at p. 103.]

Mr. SHASTEEN. The Everett project was very important and did provide us with some excellent information. About half of those who came into that Everett project—and there were 47 women served, I believe, in that pilot project—about half were those who had been married and raised a family of several children and had been out of the service for 10 to 15 or more years, and then had a

development within the family, either the husband passed away or there was a separation or divorce and they had to come back into the labor market. That was about half of them. So they were AFDC mothers, really, who came into that project. Many of them were not aware of their veterans benefits until this project reached out to them through the Job Service in Everett and brought them into the project.

The other half were the younger, newly separated women veterans. They are the group that we hope to reach through this transition management process. They are very important and they are younger and single parents. Once again, for whatever reason, they are single parents and they need the same kind of services, but they're at a younger age than the ones who are coming back into the labor market after having been out of it for 10, 15 or 20 years.

Ms. LONG. Thank you.

That's all, Mr. Chairman.

Mr. EVANS. I want to thank the panel again. We will be submitting additional written questions and those questions and your written responses will be made a part of the record. Thank you for your testimony this morning.

Mr. SHASTEEN. Thank you.

Mr. Chairman, I would just like to mention—I didn't bring this book to read it to you, but it is one of two volumes that make up a course that we have just established, the National Veterans Training Institute at the University of Colorado in Denver, which our agency operates, on veterans benefits. It has a section on women veterans benefits, women veterans problems.

I would invite you and any members of this committee who might want at some point to see what that program is all about to come out to Denver and take a look at it. The next time the course will run is 1 week, starting July 17. We will have three classes between then and October 1, and then, funding permitting, we eventually expect to put all of our disabled veteran outreach specialists and local veterans employment representatives, about 3,600 people, through this course in all veterans benefits. It is the most comprehensive course that I've seen, covering all benefits, and there is a segment on women veterans.

Mr. EVANS. We appreciate that and we appreciate your invitation. We will look into going there.

Mr. SHASTEEN. Thank you.

Mr. EVANS. Our final panel today consists of June Willenz, Paul Breuer, Tom Sherwood and Jill Mishkell. June is representing the American Veterans Committee. She has published a very influential book on women veterans and testified at our hearing 2 years ago. We welcome her back.

Paul Breuer is the associate national legislative director of the Disabled American Veterans. Tom Sherwood and Jill Mishkell are representing the Vietnam Veterans of America today. Jill is a former Army nurse and served in Vietnam from 1970 to 1971. She also served as chair of the Connecticut Women Veterans Task Force. We are very happy to welcome her today.

Again, all of your statements as submitted to the committee will be completely included in the record. We would urge you to summarize from them. We will start with June.

STATEMENT OF JUNE A. WILLENZ, EXECUTIVE DIRECTOR, AMERICAN VETERANS COMMITTEE; PAUL T. BREUER, ASSOCIATE NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS; AND THOMAS A. SHERWOOD, DIRECTOR OF HEALTH POLICY AND PLANNING, VIETNAM VETERANS OF AMERICA, INC., ACCOMPANIED BY JILL MISHKELL

STATEMENT OF JUNE A. WILLENZ

Ms. WILLENZ. Mr. Chairman, thank you very much for the opportunity to present the views of the American Veterans Committee to you again.

I think it is very refreshing and a sign of good times that you and the committee have taken the initiative to follow the struggle of women veterans to attain their benefits and their rights. We are absolutely delighted that you are holding this second hearing. I hope you will continue to hold these hearings as long as you can.

I would like to focus on one particular suggestion that we have today. I think all the testimony has revealed that the problems are still there. The VA Advisory Committee on Women Veterans has done a remarkable job in terms of turning the DVA around as far as women veterans are concerned. However, there is still a lot to be done.

Just looking at a recent report of the California Commission on Women Veterans, one hears the same kinds of anecdotes and the same kinds of testimony over and over again. The problems remain: how do you locate women veterans; how do you identify them; how do you make them aware of their benefits; how do you get the institutions to respond on the local level?

We would like to suggest, and we did suggest when Secretary Derwinski was named, that here was a golden opportunity to make the DVA more responsive to the needs and to the problems of women veterans. We suggested that an office be set up that would focus on women veterans entirely. We found out later that Senator Matsunaga presented a bill in the Senate, S. 564, which would give an Assistant Secretary the function of providing that kind of oversight, not only for women but for all minorities. We think this is an approach that should be seriously considered by the Congress, and we would like to add our voice to that effect.

This particular proposal was opposed by the Department of Veterans Affairs, and I think that's rather disappointing. The argument is made that because all the different departments within the Department have line responsibility, there is no need for some general oversight. We would suggest that a dilution of responsibility means a dilution of effectiveness, and we would like to see, in one Assistant Secretary office, that function lodged, so there would be some place within the VA that all the problems and all the issues relating to women veterans could be taken care of, or at least responded to.

This does not mean that the Advisory Committee in any way has been derelict. It has been absolutely wonderful. And since I served on it for 3 years, I should know. But it would be complementary. I think the Advisory Committee would be more effective and I think the DVA, in responding to women veterans, would. So that is my main suggestion for today.

Thank you, Mr. Chairman. I would be glad to answer questions later.

[The prepared statement of Ms. Willenz appears at p. 78.]

Mr. EVANS. Thank you, June.

Paul?

STATEMENT OF PAUL J. BREUER

Mr. BREUER. Thank you very much, Mr. Chairman. On behalf of the more than 1.3 million members of the DAV and our women's auxiliary, we thank you for the opportunity to present our views on the concerns of our Nation's women veterans.

As you know, Mr. Chairman, there has been a great deal of progress in recent years in having the Department of Veterans Affairs address the needs of women veterans. This progress is due in large part to the outstanding work of the VA Advisory Committee on Women Veterans. They have done and continue to do an exemplary job in elevating the consciousness of the concerns of women veterans. We would respectfully urge the subcommittee to give serious consideration to the Advisory Committee's recommendations to ensure continued progress in the areas of equitable treatment for women veterans.

Today, however, I would like to focus my comments on the availability of gender-specific health care for women veterans within the Department of Veterans Affairs. As we understand some of their concerns, women veterans feel that recent improvements in the area of VA health care for women may be among the first to be restricted or eliminated in view of the serious budget shortfall confronting the Department of Veterans Affairs. The shortfall is, without doubt, affecting all veterans in this country, male and female veterans alike.

Not all VA medical centers are fully equipped to provide on-site, gender-specific health care to women veterans. For example, of 172 VA medical centers and 229 out-patient clinics, we understand that approximately only ten have on-site access to mammography equipment. The Department is often required to arrange such treatment in the private sector and pay for it at a time when Federal health care dollars are very scarce, as we all know.

Mr. Chairman, at a February 1989 joint hearing before the Senate and House Veterans' Affairs Committees, DAV National Commander Billy Kirby presented our proposal for a VA/DOD health care alliance to address the pressing health care needs of both of these Federal health care systems in a time of limited Federal health care dollars. The objective of this alliance is to increase opportunities for VA and military health care facilities to expand sharing agreements, where advantageous to each facility, by building on existing VA/DOD sharing law. There are presently 150 military hospitals and 350 military out-patient clinics in the United States. Nearly 300 VA and military treatment facilities have entered into over 1,800 sharing agreements nationwide that have improved their ability to provide cost-effective health care to their respective patients. In fact, every VA medical center within 25 miles of a military treatment facility has at least one sharing agreement between them.

As you know, Mr. Chairman, military treatment facilities are already equipped to provide gender-specific health care to active duty women and female military dependents. It seems to us, therefore, that more health care sharing agreements between VA and military treatment facilities with respect to gender-specific health care for our Nation's women veterans would be advantageous to all parties involved, would likely reduce the VA cost of obtaining such health care in the private sector, and would facilitate treatment for women veterans in military treatment facilities that are fully equipped to meet their gender-specific health care needs. We are hopeful that both DOD and VA health care officials will explore greater sharing agreements in the future with this in mind.

That concludes my comments, Mr. Chairman. I will be pleased to respond to any questions that you may have.

[The prepared statement of Mr. Breuer appears at p. 84.]

Mr. EVANS. Thank you.

Jil or Tom?

STATEMENT OF JILL MISHKELL

Ms. MISHKELL. I will speak for VVA.

VVA believes that although there have been improvements made in outreach and health care services for women veterans, these improvements are not the result of any special system-wide implementation of policies concerning women veterans. Rather, they are largely due to individual efforts.

The Womens Advisory Committee has recommended that women veteran coordinators be appointed to serve in all VA medical centers. In some settings, they have been effective. Those that are a function under the support of administrators, and often with the assistance and advice of committees of other women veterans. Unfortunately, there are also instances of the appointment of uninformed, disinterested or inaccessible staff members whose appointment has led to no appreciable change in services or care to women veterans.

This is especially distressing when related to the 1985 Harris Study findings of high rates of cancer in women veterans. Additional analysis by LeDonne found that women who were assigned in Vietnam not only have higher rates of cancer but also more chronic health problems and a higher percentage of children born with birth defects who die in the first year of life.

The study by Rice-Grant also reported higher rates of cancer and indicated that one in three pregnancies of women Vietnam veterans resulted in miscarriage, stillbirths or children born with birth defects.

There is a need to ensure that these women receive care and diagnostic services. Among other things, they need Pap smears, pelvic exams, and mammograms. This is also a way to help obtain some valid conclusions about the incidence of cancer. There has yet been no way, besides the dependence upon individual appointee's efforts, to ensure that this care is given. To do this, we need more than recommendations. We need VA, system-wide written protocols and quality assurance.

It is interesting to note that almost 7 years after the GAO report the major thrust of the working group on women veterans remains outreach, education, and conscienceness-raising efforts. VVA would like to be assured that full-time women veteran coordinators are in all VA regional offices and that they are actively involved in outreach to women veterans.

As of now, women comprise only 1 percent of the total utilization of vet centers. Also of interest is the fact that while 53 percent of all women veterans use medical services in the last 6 months, only 3 percent use the VA. This is compared to 40 percent and 15 percent in men.

The recent National Vietnam Veterans Readjustment Study by the Research Triangle Institute has noted that 14 percent of women who served in Vietnam have service-connected disabilities, that women who were injured or wounded in Vietnam have a highest incident of PTSD, and that women veterans with PTSD have higher rates of social isolation, homelessness, vagrancy and hostility. They have also highlighted a strong correlation between the incidence of PTSD, substance abuse, and chronic health problems.

DVA has reported that there is a lack of VA facilities for patients with complicated problems. Our concerns grow with the recent decision by the DVA to cut financing for contract services by 25 to 50 percent. This figure has actually been reported to be as high as 75 percent in some areas of the country.

Women who served in Vietnam, both military and civilian, continued to be concerned with questions about the consequences of their wartime experience. As I mentioned before, the studies that have been done have indicated serious health problems. Disregard the studies and our organization is still faced with individual members who are seriously ill and who can find no cause for their illness but their service in Vietnam.

Because our members are the population in question, we are aware of the increasing amount of illness and the complex nature of their health problems, problems which include auto-immune suppressive diseases, cancers, problem pregnancies, sick children, and systemic degenerative diseases. This all seems more than coincidental.

We ask that this committee push for a study on the effects of Agent Orange on women, and a women Vietnam veterans' experience study. These studies have already been authorized by Congress. DVA officials have said in the past that they cannot find a large enough cohort for an Agent Orange study. This statement is contradicted by the fact that the RTI found that it has telephone numbers and addresses for over 5,000 women Vietnam veterans. The DVA should make the authorized studies a top priority.

As the number of eligible women veterans grows, there has been voiced to us a growing concern that though our numbers increase, the relatively small percentage of us may, in light of the current budgetary shortfall, cause services to women to be cut. We must not allow this to happen, since it seems clear that we need more services, not less.

VVA looks forward to work with the new Department of Veterans Affairs. We recognize that some progress has been made. We would like to assist the DVA and this committee in involving a

system that is both worthy of women veterans and worthy of the Nation they served.

Thank you.

[The prepared statement of Vietnam Veterans of America appears at p. 88.]

Mr. EVANS. Thank you all very much.

We have heard from every panel that there is a problem of reaching women veterans and making sure they're aware of their eligibility for services and benefits. I guess it becomes more incumbent upon the veterans' organizations themselves when we haven't done our job as the Federal Government to reach out.

Can you tell us what your organization has been doing in the last year or so and what you intend to do in the next few years, to increase that awareness?

Ms. WILLENZ. We've always had women members as members of our organization, and since we have put a lot of our effort and priorities on the issue of women veterans, there has been a continuing effort on our part. As a result of the networking of the last decade, I would say, women veterans today all over the country are coming to us and that's how we hear about the problems. I am sure this is true for most of the organizations.

I think also the fact that there are two women veterans memorials in process has also highlighted the fact that the Nation is paying attention to the women veterans, so all in all, we hope that that will help. Of course, committee hearings help also.

Mr. BREUER. Mr. Chairman, the DAV membership, as I'm sure you're aware, is limited to wartime veterans who have incurred a service-connected disability. Our monthly publication, of course, goes out to those members and auxiliary members and so forth, but may not necessarily reach the other women veterans that have been discussed in these proceedings today.

We do have a fact sheet for women veterans from our communications department that we issue through our chapter and departmental level. Of course, quite a few of our department and chapter officials who are either elected or appointed are women service-connected disabled veterans. So to that extent, we will continue to do that kind of activity in the future.

I would anticipate that hearings such as these and other prominent reports such as those issued by the Women's Advisory Group will receive coverage in our magazine.

Mr. SHERWOOD. Mary Stout, our president, has clearly been more and more interested in the issue. She has, as she visits medical centers and visits around town, so to speak, been specifically confronting this issue. An example in terms of her last visit would be the Coatsville VAMC which, in fact, we found there was a tremendous discrepancy between what actually happens on the ward with respect to Vietnam veteran females and what is happening at the national and policy decision levels. The discovery she made there is that, unfortunately, many of these women, in fact, are living in a kind of a sad isolation. What we therefore would like to do is to bring those operational kinds of problems to the attention of those that do make those kinds of decisions at the advisory level.

Mary has participated also at the advisory level with respect to these kinds of issues, and we're going to be doing more and more of

this to tighten up the relationship between the decisionmakers at the top and, in fact, the operational level where these women actually live. This is particularly true, as mentioned earlier, in psychiatric facilities, where the isolation is most pathetic when you consider that some female veterans at these facilities have the common problems of PTSD, drug addiction, alcoholism, and then to have superimposed on that the isolation in a basically male environment without the kinds of sensitivities that need to be paid attention to.

Mr. EVANS. I think what many people are telling us today, to generalize, that the cutbacks we have seen in the Department of Veterans Affairs medical budget have caused problems. At a time when there is an increased awareness among the women veterans, we are cutting back on the services to category B and C veterans, for example, which has a disproportionate impact on women veterans, coupled with the fact that perhaps our Vet Center program for the Vietnam-era veterans is not reaching women Vietnam veterans.

Besides actually funding programs to the extent that we probably should, are there other recommendations, particularly in light of the Lou Harris Study on the rate of cancer, and the VVA's testimony here today that the rate of deaths among women veterans, at least in the Vietnam era, are increasing?

Ms. MISHKELL. As far as the PTSD and vet centers are concerned, it is not just a lack of outreach. They really don't know how to deal with women. Women are put into rap groups with men, which is not beneficial at all. The counselors tend to concentrate on the wartime experience without helping the women integrate that into their lives.

The contract services being cut is really devastating to women veterans because I think they relied on that service a lot.

Mr. EVANS. They find the contract service perhaps through a local psychiatrist, for example, more adaptive to their particular needs?

Ms. MISHKELL. Yes, definitely.

Mr. EVANS. So it has a disproportionate impact.

Ms. MISHKELL. On women veterans, yes.

Mr. EVANS. Are women veterans ever put into spouse group rap sessions? It's probably not helpful to them if they are.

Ms. MISHKELL. I, for one, ran a spouse group as a women veteran. I know of other women who have also done that. I don't know of any who have taken part in a spouse group. But it's interesting to note that one women, Linda Schwartz, who was running a spousal support group, every time she came into the vet center was noted as a client and checked off as another count.

So rap groups for women need to deal either with medical or they need to be women, and they're hard to find. I mean, it's hard to get a group of women together, especially since women veterans tend all to be working, or a majority of them are working, still working in nursing, still working in hospitals. I live in Richmond now and they tried for months to get a rap group together of women, but one works nights, one works weekends, and one works days. We're spread out over a 200 or 300 mile portion of the State.

Mr. EVANS. I wonder, June, if you could tell us if you have seen the same kinds of health-related problems in another era of veterans? Have you seen those kinds of disproportionately higher deaths among World War II and Korean women veterans as opposed to the non-veteran?

Ms. WILLENZ. I think from the Harris survey, Mr. Chairman, I don't think—and I could be incorrect—but I don't think it did show the same kinds of——

Ms. MISHKELL. No, it did. The statistics on cancer are primarily for all women veterans, and there is a disproportionate rate of cancers, reproductive cancers, 45 percent to 9 percent, in non-veterans; skin cancer, 16 to 2 percent. That is information that is not just Vietnam veterans. That is all women veterans. It's perplexing. It's puzzling, why that should be true, but it is true.

Mr. EVANS. I think it's something we will have to explore continually. I hope through the hearing we can direct some attention to that particular problem. We haven't really been able to focus on it much in the questions today because of the time constraints, but at the same time I hope we can do some follow through on that.

June, you had a point?

Ms. WILLENZ. Yes. I just want to mention the problems of the aging women veterans, because we have heard from DVA that all the domiciliaries are taking in women now. But when I visited some of them a few years ago, very few of them were. Knowing that we're in an era of shrinking resources, and we have an aging population which is going to have a much greater demand, the women have been left out for so many years, how is the system going to accommodate them? I think this is one of the fundamental dilemmas that the Congress is faced with.

Here is a large group who has literally been left out of the system. Now, when they become aware—and we want them to become more aware—we have less of the "pie", so to speak. How do you reconcile that?

I think there's another question. Does equality of treatment actually produce equality of results? Are there things to be made up, and should there just be equal treatment at this point? This is not raised in my testimony but I would like to raise it here. Because you have this very large population, particularly of the world War II group, who really have been out of the health care system almost entirely. Now they're going to need it more. Women live longer. They are poorer. I mean, we know all the facts about the women's situation, and for women veterans apparently it's even worse. This is something I don't have the answers for, but I think it's something we have to come to grips with.

Mr. EVANS. It is going to be more difficult to deal with because we have an aging population generally which is putting a great deal of stress on the resources that the VA already has. While I believe in the VA system, I know, for example, the PVA has endorsed the Paul Simon-Claude Pepper plan to look toward home health care. I think in terms of aging veterans, that's an important thing we ought to be considering at least as a model.

DVA has indicated a plan to provide nursing home care to only 16 percent of all veterans who need it and the Pepper-Simon proposal would look toward, of course, providing long-term home

health care in the home setting primarily, but also in the nursing homes if necessary in individual cases. So while veterans need the VA programs, I think all Americans are facing this problem and it may be a way we can provide for both the veteran and non-veteran, women and men. So we urge veterans organizations to take a look at that.

I want to thank you all for your testimony, but let me yield to Congresswoman Long.

Ms. LONG. Thank you, Mr. Chairman.

Miss Mishkell, you were talking about post traumatic stress disorder for women veterans and the problem in Virginia, where you have a number of women who would be interested in participating in some kind of rap session or program but they are located so far apart. As we try to solve the problems for both men and women veterans, I think we're going to have to find maybe some new approaches to how we provide the kinds of services that are going to best serve our veterans.

Do you have any suggestions, based on your personal experience, any of you—obviously, funding is a key issue, but how that funding has been used. You know, we can fund a program and we can run a program from here, or we can fund a program that is run more locally. We can also fund programs and utilize other public and private facilities in addition to veterans facilities.

Ms. MISHKELL. I think in areas like where I'm living now in Virginia, where everybody is so spread out, the contract services in places like that are really important. Now, that takes money. But not only are they more appropriate for women veterans, they are also more accessible. They can be right in the community where you live.

I am active with the VVA in Virginia, and right now the State council is looking into working with the local mental health clinics to do training on PTSD, but that's again the State taking over a function that should be—maybe the Federal Government could help support some of that to get that training out there.

I did want to make a comment about the incidence of cancer. We mention in our written testimony that considering the alarming numbers, it may be beneficial for the VA to at least look into offering Pap smears and pelvic exams and screening to all women veterans, regardless of their category, whether A, B, C or whatever. Pap smears and pelvic exams are not that expensive, and it's a really good way of collecting data. Mammograms, again, you need the equipment and they are much more expensive, although things like vans that can travel from different vet centers, different VAMCs, would be more cost effective.

Until that data is digested, until we really know what's going on, the VA really should at least think about doing some kind of screening on all women.

Ms. LONG. Thank you, Mr. Chairman.

Mr. EVANS. I want to thank you all.

By the way, June, Congressman Rangel of New York has introduced legislation very similar to the Senator from Hawaii's legislation. I'm a sponsor of that and urge our colleagues to look at it because I think it is important.

Thank you all very much for testifying today. At this point we will conclude the hearing. Thank you all for waiting so long.

[Whereupon, at 1:20 p.m., the subcommittee adjourned.]

APPENDIX

Statement of

Representative Douglas Applegate

Subcommittee on Oversight and Investigation

Committee on Veterans' Affairs

Hearing on

Status and Concerns of Women Veterans

June 22, 1989

Mr. Chairman, I want to thank you for holding this important hearing and would like to thank the individuals who have taken time out of their busy schedules in order to share their views and concerns with the members of the Oversight and Investigations Subcommittee.

I think it's important to recognize that you pioneered the exploration of this topic in a hearing that was held two years ago. At that time, and again today, we are being made aware of the ongoing problems facing the more than one and one-quarter million women of America who have given their time in service to our nation. While we often make the mistake of only associating men as being the brave and courageous veterans of our country, and it is true that their numbers far overwhelm the number of women who have served, it is important for us, and especially the House and Senate Veterans' Affairs Committees, to recognize that each and every women veteran deserves recognition and the total backing of the Department of Veterans Affairs and all Americans.

Two years ago, I reported that women veterans, possibly numbering in the tens of thousands, are losing out on benefits and health care services which they fully deserve. While women veterans currently comprise roughly four percent of the total veteran population, women who are serving in our armed forces currently make up nearly 10 percent of our personnel in uniform. While it is contingent on this Committee and Congress to answer to the concerns of women veterans, we must also prepare for the greater numbers of women veterans who will be coming before us in the future with their own demands and special needs. We must prepare for this now, not later when we may not be able to respond to their concerns.

In contrast to the known decline in the male veteran population as the number of deaths surpass new male veterans, the number of women veterans has been increasing and will continue to do so in the future. Just as our nation has always recognized the special needs of our veterans, the growing ranks of women veterans demand a much greater focus on their needs and an anticipation of future programs and services in order to accommodate them.

Again, Mr. Chairman, I want to thank you for holding this hearing and would like to extend my thanks to all of the witnesses who have appeared before the Subcommittee this morning.

STATEMENT OF
FRANCES SHEA-BUCKLEY
REAR ADMIRAL, USN RET
VETERANS ADMINISTRATION
BEFORE THE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
HOUSE OF REPRESENTATIVES
JUNE 22, 1989

Mr. Chairman, Members of the Subcommittee: I welcome the opportunity to testify on the current status and concerns of women veterans. Women veterans are grateful for the continued interest of this Committee in the women who have served this country in the Armed Forces. My comments will be based on the findings of the Department of Veterans Affairs Advisory Committee on Women Veterans, which I chair, and my own observations as I have traveled around the country visiting VA facilities and talking to other women veterans.

The Advisory Committee on Women Veterans was created in 1983 in response to a need. Although the laws that provide benefits to those who have served in the Nation's armed forces apply equally to male and female veterans, the reality has fallen short of the objective. I think this is best illustrated by the fact that the 1980 census was the first one ever to ask women if they were veterans.

It was a strange omission when one considers that women have been serving in the U.S. armed forces since the establishment of the Army and Navy Nurse Corps at the turn of the century. Over 13,000 served in the enlisted ranks during World War I. During World War II, more than 300,000 served as officers and enlisted personnel, 17,000 of whom served in combat theaters. Many earned combat decorations, some were prisoners of war and some remain buried in U.S. cemeteries overseas.

Approximately 7,000 women served in country in Vietnam and approximately 262,500 were in uniform during the Vietnam era.

Today there are over 220,000 women in the Armed Forces representing over 10% of the force and their numbers are projected to continue to increase in the coming years while the total force remains relatively constant.

However, despite this long history it was only after the results of the 1980 Census were published indicating that there were 1,158,900 living women veterans representing 4.1% of the veteran population that America began to look seriously at the problems women veterans were encountering in civilian life.

In 1982, in response to a request from Senator Daniel K. Inouye, the General Accounting Office (GAO) conducted an investigation of the Veterans Administration's treatment of women veterans. The GAO found what most women who had served in the military already knew...that there were deficiencies in the VA's ability to provide care for women veterans. The GAO reported that the VA needed to take steps to insure that:

- men and women have equal access to VA treatment programs and medical facilities,
- women treated in VA facilities receive complete physical examinations,
- needed gynecological care is provided,
- sufficient plans are made for the anticipated increase in female veterans, and
- female veterans are adequately informed of their benefits.

In April 1983, in response to rising criticism of the VA's treatment of women, the then newly appointed Administrator of Veterans Affairs, Harry N. Walters, established the Advisory Committee on Women Veterans. Initially it was intended to be an internal VA advisory group but, following the first meeting, which was held in September 1983, the Committee was mandated by Congress in Public Law 98-160 dated November 1983.

The Committee members are veterans, current members of the Armed Forces and individuals actively involved in women's issues and veterans' affairs. They bring firsthand knowledge of most of the issues and problems of women veterans. In addition to participating in the Committee meetings twice a year the members, on their own time and at their expense, visit VA activities in the field, participate in outreach programs and interact with women veterans.

The Advisory Committee has published three reports: in July 1984, 1986 and 1988. Copies have been furnished to the Subcommittee. Our reports accurately reflect the findings of the Advisory Committee. The 1988 Report included a "report card" on VA's response to the GAO Report. We have found that the VA has taken aggressive actions to assure equal access and to address the unique needs of women veterans. However, there is still a problem in informing women of their benefits which resist the Department's best outreach efforts.

The VA has been successful in educating and sensitizing staff to the needs of women veterans. They have launched a comprehensive outreach program to women veterans informing them of their rights and encouraging them to use their entitlements. Women Veterans Recognition Week was proclaimed by the President in 1984 thru 1988. Public service announcements, posters, displays and media events have been used to publicize the theme that "Women Are Veterans Too". Women featured in VA publications and all official directives have been reviewed and, where appropriate, revised to include references to women. A brochure designed specifically for women veterans has been published and distributed.

VA medical centers are conducting local outreach programs where women veterans are invited to participate in day-long programs covering entitlement, health care and other benefits for women veterans. Members of the Advisory Committee have participated in these programs and report that many of the women who attend have never before considered using VA services. They had considered VA hospitals as a place for male veterans with no facilities for or interest in women and were pleasantly surprised at the reception they received.

The Veterans Service Organizations have been supportive of these efforts and 2 years ago General Jeanne Holm, my predecessor as Chairman, detailed many of these in her testimony before this Subcommittee.

A number of VA medical centers have established Women's Preventive Health Clinics with emphasis on cancer detection and osteoporosis. Ten hospitals now have their own mammography units.

Improvements in services to women veterans have been reflected in a noticeable drop in the number of complaints. One reason for this drop may be the presence of Women Veteran Coordinators. At the Advisory Committee's recommendation, the director at each medical facility has appointed a coordinator for women veterans to act as a liaison to insure proper care and treatment for women patients. The Veterans Benefits Administration, on its own initiative, has also appointed Women Veterans Coordinators in its regional offices.

Although significant progress is being made, health care remains the most important ongoing concern of the Advisory Committee. There are still some areas in older medical centers where lack of privacy for women has still not been fully resolved. Although there have been considerable improvements in privacy, this does present a problem at some facilities, particularly in psychiatry units. The Advisory Committee is concerned that budget constraints and competing priorities may be allowed to halt progress in this area.

The Advisory Committee is very concerned that the current workload reduction that is going on in the VA will have a disproportionate impact on female veterans and will work against the recent positive outreach efforts. As word gets out about Category B and C veterans being denied care, women who have only recently realized they were eligible for care will be discouraged from applying for benefits. Furthermore, many services do require a critical

nucleus of patients for efficient and effective delivery. If the numbers of women in VA medical centers fall, this may be used to justify discontinuing services. This is particularly true in mental health where it is difficult to provide a true therapeutic community for a minority of one or two women. Providing proper security for the small numbers of women on some psychiatric wards and in the domiciliaries also is a cause for concern.

Women have the same concerns about health problems stemming from duty in Vietnam such as exposure to Agent Orange and Post Traumatic Stress Disorder as their male counterparts. The Advisory Committee found that women veterans had been routinely excluded from studies conducted by the VA, the Centers for Disease Control and other agencies. We also found a general lack of awareness or concern about the effects on women of their experiences in the combat theater. We believe that the VA should address the war experience of the women who served in Vietnam, specifically the physical, reproductive and psychological effects. We are pleased that the National Vietnam Veteran Readjustment Study included women. However, the Committee is concerned that further delays are occurring in the Woman Veteran Vietnam Experience Study.

Perhaps the most immediate need of most men and women leaving active duty is for assistance in finding employment. The 1985 Harris Survey of Women Veterans reported that, although half of all women veterans are currently employed either full or part time, nearly one in ten report that they are unemployed but looking for work. The Survey shows that unemployment or underemployment are significant problems for young women veterans. The reported rate for unemployment for women veterans age 18-24 is 27%; for the 25-34 age group it is 11%.

The Bureau of Labor Statistics of the Department of Labor began collecting employment data on women veterans in 1986. However, it will be years before the data base is large enough to be reliable. Until more information is available there is simply no way of determining the employment status and unique needs of women veterans.

The VA and the Department of Labor have been working together in promoting employment of women veterans. The agreement between these two Departments specified that the VA and Women's Bureau will consult and coordinate to identify issues of concern to female veterans and develop strategies to address these needs. We would hope to see this degree of cooperation continue and to be extended down to the state and local levels.

The Advisory Committee is impressed with the level of cooperation that exists between the various federal agencies in the area of veterans employment. We believe, however, the efforts to improve women's employment could be enhanced by having a woman veteran's advocate accompany the VA representative to all meetings of the Labor Department's Advisory Committee on Veterans Employment. We have also recommended that a joint VA, DOL, DOD and OPM study group be established to discuss strategies to encourage the participation of women veterans in federal employment.

As General Holm said last year, the Advisory Committee has no desire to take credit for the actions that have been taken to improve the delivery of services to the woman veteran. Our role has been that of a catalyst within the VA and with other federal agencies. We believe that the major issues and problems have been identified. We are satisfied that the agencies responsible are responding to what needs to be done to insure that the woman veteran receives the benefits to which she is entitled under the law. We are especially gratified with the positive response of VA at all levels of the organization. That is not to say that all of the problems have been resolved...obviously they have not. The current budgetary problems need to be monitored to make sure that they do not affect women veterans unequally. However, under the leadership of Secretary Derwinski and with the continued interest of the congressional oversight committees we remain optimistic about the future.

I can assure you that the Advisory Committee will continue to call the shots as we see them and will not be satisfied until women veterans receive fully equitable treatment in all programs. We thank you for your interest and support for all of America's veterans.

That concludes my remarks. I shall be pleased to respond to your questions.

Linda S. Caldwell, R.N.,M.S.
Chairwoman
Advisory Commission on Women Veterans of New Jersey

June 22, 1989

Established on January 1, 1987, by an act of the New Jersey State Senate (S-2199), the Advisory Commission on Women Veterans of New Jersey has been directed "...to devise and implement a method for counting, identifying and locating female veterans...and to advise the Governor and the Legislature on the needs and concerns of female veterans."

Three of the seven Commission members are appointed by the Governor, and two each by the Senate and the Assembly. In March, 1989, the Commission became an official part of the Department of Military and Veterans' Affairs under the direct supervision of the Deputy Commissioner, Mr. Robert E. Wallace. Advisory and technical support for the Commission is provided by this Department.

The New Jersey State Department of Military and Veterans' Affairs has a two-fold responsibility: 1.)supervising administering and maintaining the facilities, programs and services provided by the State of New Jersey to its veterans and their families, and 2.)to address the veterans' concerns and future needs. This is accomplished through three divisions: Veterans' Administrative Services, Veterans Loans, Grants and Services, and Training, Information and Referrals. All three divisions report to the Deputy Commissioner, Mr. Wallace.

The Division of Veterans' Administrative Services is the largest of the three divisions with over 1,100 employees. It oversees the operations of New Jersey's three Veterans Memorial Homes, which offer long-term health care to elderly or disabled veterans, both male and female. During 1988, approximately 920 veterans and their family members received care at these facilities.

This same Division also maintains the Brigadier General William C. Doyle Veterans Memorial Cemetery in Arneytown, New Jersey. The cemetery provides free interment services to our veterans and their families. Since its opening on Memorial Day 1986, the cemetery has provided services for 2,141 veterans, saving the families of those interred over $6 million.

The Division of Veterans Loans, Grants and Services provides claims assistance, counseling and other services to New Jersey veterans and their families. There are eighteen offices located throughout the state which are staffed by Veterans Service Officers trained in counseling veterans and their dependents on available state and federal entitlements and programs, as well as providing assistance in applying for those entitlements. In 1988, over 41,000 veterans and their dependents visited those offices and were assisted in obtaining over $21 million in federal assistance.

Also under the direction of this Division is the Post Traumatic Stress Disorder and Readjustment Counseling Program, which was initiated in March, 1988. The program offers treatment services to veterans of all war periods, regardless of gender, extends to family members, and has no time limitations.

While there are no specific programs for homeless veterans in New Jersey, male or female, the shelters which have been set up are now asking the residents "Are you a veteran?" This information is then relayed to the Division of Loans, Grants and Services so that personal contact can be made with the homeless veteran and assistance provided with such things as free transportation to job interviews or to the actual place of employment. At a recent visit to the Bergen County shelter, the Division Director, Mr. William Kowalski, met with four veterans, one of whom was a woman. Transitional housing programs, funded jointly by HUD and the state, are now being developed in Salem County as a means of alleviating the homeless veterans situation.

Another unique program offered by this Division is that of free transportation provided to veterans in eleven of the twenty-one New Jersey counties. Through December 1988, 1600 veterans and their families were provided with over 21,000 free trips to Veterans Administration offices, medical centers, doctor's offices, pharmacies and job interviews. It is anticipated that eventually veterans in all counties of New Jersey will have this service available to them.

Lack of funding has halted progress in the proposed women veteran studies by the Agent Orange Commission of New Jersey. As the only agency of its kind at the state government level, the Commission seeks to find answers to the long-term effects of dioxin on the body. Extensive psychological and physical testing has thusfar been accomplished on approximately ninety male veterans of the Vietnam conflict, and plans were to study forty females who served in Vietnam. State legislators have expressed concern over the budget and are hopeful that funding will be restored so that progress in this important area can continue.

One of the major problems confronting the Advisory Commission on Women Veterans of New Jersey has been the difficulty in locating the women veterans in order to advise them of their rights and benefits. Like our counterpart on the federal level, the V. A. Advisory Committee on Women Veterans, we have often encountered a reluctance on the part of many women veterans to identify themselves as such. They simply do not categorize themselves as "veterans." In particular, certain Vietnam era women veterans consciously chose not to mention their status as veterans, and speak of being ridiculed by family and friends upon their return to the United States. For them, being a veteran is not something to be proud of nor used to gain benefits rightfully theirs. When pressed for details, they often reply, "I'd rather forget that part of my life."

Other women veterans we hear from at the Commission are delighted that "at long last, someone is recognizing the role we played as members of the Armed Services." They write to ask if there are nursing homes available to them should they need that service. A few request information about educational benefits as well as medical and dental care. In general, the World War II woman veteran is the most "vocal" about her needs, and many of them write to share their memories of "what it was like back then to be a woman in the service."

In order to gather data on the women veterans, our Commission has devised a basic questionnaire, "Profile Of A Woman Veteran" which asks for name, rank, branch of service and dates, as well as current address. Copies of the Profile have been printed for us in newsletters of various veterans organizations, and in the New Jersey State Nurses Association newspaper. Thusfar we have received approximately 500 returns, which is somewhat discouraging considering that there are an estimated 34,000 women veterans in New Jersey. (New Jersey ranks ninth in veteran population among the states with 881,000;4% of that total are women.)

In an effort to publicize not only our Commission but other veterans programs as well, the Department of Military and Veterans Affairs will soon be publishing an advertisement in all New Jersey daily newspapers. This ad will list the various services and programs available through the Department for veterans and their families, and will include a toll-free number as well as a "tear-off" to mail in for further information. We are hoepful that this advertisement will generate inquiries from women veterans.

In July 1989, we will publish and distribute the first issue of our quarterly "New Jersey Women Veterans' Newsletter." Included in this newsletter will be information about benefits, programs and services available to the women veterans, as well as a copy of the "Profile," and an invitation to attend our September 16, 1989 "Information Day for Women Veterans." This program has been planned by the Commission as a means of communicating information about state and federal veterans programs available to New Jersey residents, and to gather information from those in attendance about their needs as women veterans. The program will take place at the High-Tech Center at Ft. Dix, New Jersey, from 10 A.M. until 3 P.M., with speakers, information booths, a panel discussion and luncheon being offered. Depending upon the response, we would like to make "Information Day" an annual affair, and perhaps broaden the scope of topics and speakers each year.

Public speaking is another avenue by which Commission members hope to reach women veterans. We are often asked to speak to womens' groups, veterans service organizations, and community activities about the function of the Commission and our efforts to locate women veterans.

Federal Programs In New Jersey

In the Central New Jersey area there are two V.A. Hospitals, both quite different in many respects. One is located in an urban, inner-city area and provides mainly acute care services. The other hospital is situated in a rural, affluent area and delivers primarily neuro-psychiatric care, although it does provide limited types of medical care as well.

My inquiries into the types of services provided for women veterans at these two facilities yielded some surprising differences. When I mentioned this to one of the employees I spoke with, she replied, "There's a saying within the V.A. system that 'Once you've see one V.A. Hospital, you've seen one V.A. Hospital.'" In other words, not all V.A. Hospitals are "created equal" in terms of facilities, supplies or services provided to veterans.

For instance, one hospital has special color-coded pajamas in pink (petite), yellow (medium) and green (large) for their female patients; the other hospital doesn't have this special clothing and uses the same for men and women. One hospital reported no problems in obtaining sanitary napkins for their patients; the other facility reported frequent non-availability of this item, such that the nursing staff frequently buys sanitary supplies with their own money to give to women patients. In addition, this same hospital does not have sanitary napkin dispensers in any public or staff restrooms.

Both hospitals have similar arrangements for women to receive breast and pelvic exams. Physical exams are done on the assigned wards once the female patient is admitted, and both agencies have consulting gynecologists on staff. One hospital does have a weekly GYN clinic for out-patients, the other does not.

Mammograms are available on a contractual basis with a private radiology facility at one hospital. The other utilizes the mammography equipment at a V.A. Hospital in an adjoining state, but is in the process of entering into a sharing agreement with a local university hospital.

The question of homeless women veterans is being addressed at both hospitals. One has a pilot project to provide shelter near the facility, and the other has an actual domiciliary unit on the grounds. The latter program has been in existence longer and is evidently quite successful in assisting homeless veterans, both male and female, to return to independence. Assistance with clothing and transportation are furnished by the hospital, and employment at the hospital itself is often found, usually in the "difficult to fill" jobs.

Programs for the woman with P.T.S.D. (Post Traumatic Stress Disorder) are found in both facilities. One agency has an inpatient unit, and one an outpatient group specifically for women. Due to lack of private rooms, the inpatient situation is such that if a woman is admitted with the diagnosis of P.T.S.D., she is housed on the "Woman's Ward, "i.e. inpatient psychiatric unit, but receives treatment on the male P.T.S.D. unit. According to one staff member, "If we had the luxury of enough space, it would be much better to have the women patients with us at all times, just like the men." This same facility does have an outpatient P.T.S.D. group, but at present women do not attend. The reasons are not clear, but it has been suggested they are either excluded by the staff running the group, or they consciously chose not to attend. Along those same lines, another staff member stated, "The psychologists and social workers don't understand the experience of the woman veteran."

The inpatient female psychiatric unit at one V.A. Hospital has recently been refurbished to better accommodate their physical needs, but yet another staff member reports that the "social needs" of these women are not being met. "It's as though they were in isolation. Even at Christmas, the gifts donated by veteran organizations were all for men."

Another complaint voiced by more than one staff member about the women's inpatient psychiatric unit was that acute patients, i.e. short-term stay, were mixed with chronic, long-term mentally ill patients. Both groups were described as "not well-groomed, disheveled looking." Personal grooming articles are not generally available for any of the patients, male or female, unless brought from home by patients or families. They can, however, be purchased at the hospital canteen. A barber is available for the male patients on an "as needed" basis, and a beautician can be contacted to make bedside visits as indicated. Those men and women who are able to leave the grounds can be taken by staff members to an outside beauty shop for hair cuts.

When asked what, if any, changes they would make to improve the care given to women veterans at the V.A. Hospitals, one staff member replied, "I'd like to see their 'living space' upgraded...make it nice for them." Another staff member felt that a change in attitude of the general staff members would be the most significant change. "If you could convince the staff that women veterans are veterans, maybe then women would be less reticent to apply for services." Still another V.A. employee at an outpatient facility stated, "We need to get away from our 1940's ideology and recognize that we are dealing with a different type of soldier. The 'old days' of the Black American Legion Posts and the Hispanic V.F.W. Posts are a thing of the past. So too, we need to recognize that women are a minority type of veteran with special needs." This same staff member also feels that the Department of Public Affairs needs to highlight the woman veteran more frequently in their publications.

In summary, we have apparently 'come a long way' in the past 10 years with regard to the treatment of the woman veteran in various state and federal programs. However, there is much to be accomplished in the future to provide equality for all veterans. Continuing education programs aimed at informing the public of the role of the woman veteran should be continued and increased. Community outreach programs need to be established and publicized. Better communication between state and federal agencies who deliver services to the women veterans should be established so that the programs offered by both can be utilized more effectively. And finally, it seems apparent that more standardization of services provided by the V.A. Hospitals for women veterans needs to be accomplished. Within reason, what is available in one facility should be available in all.

STATEMENT OF

JOHN A. GRONVALL, M.D.

CHIEF MEDICAL DIRECTOR

VETERANS HEALTH SERVICES AND RESEARCH ADMINISTRATION

DEPARTMENT OF VETERANS AFFAIRS

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

JUNE 22, 1989

Mr. Chairman and Members of the Subcommittee:

I am honored to appear before your Committee to give you a progress report on the Department of Veterans Affairs' provision of benefits to the women who served so valiantly in our nation's Armed Forces.

As incredible as it seems to us now, the 1980 Census was the first U.S. Census that ever asked women if they had served in the military. That Census revealed that there were 1.13 million women veterans making up 3.1 percent of the veteran population. This figure is growing and women now comprise over 4 percent of the veteran population. Between 1970 and 1988, the number of women discharged from VA medical centers more than doubled from over 9,000 in 1970 to over 25,000 in 1988 (2.2 percent of all discharges). The Survey of Female Veterans conducted by Louis Harris and Associates in 1984 under contract to the VA, showed that women veterans are better educated than the general population (only 3 percent do not have high school diplomas and 47 percent have some college). Seventy-five percent of women veterans have private health insurance, perhaps accounting for the underutilization of VA health care (they account for only 2.2 percent of VA medical center discharges despite accounting for 4 percent of the veteran population). Approximately 63 percent of women veterans treated by the VA have nonservice-connected disabilities compared to 62.1 percent of men veterans; most of these of both genders are medically indigent.

In 1982 the General Accounting Office (GAO) published a report that concluded that actions were needed to assure that men and women have equal access to VA treatment programs and medical facilities as well as action to assure that women receive complete physical exams and necessary gynecolcgic care. The report cited a lack of privacy in some facilities and inadequacies in outpatient gynecologic care. The GAO also pointed to certain special programs such as VA domiciliaries which restricted access by women.

The then Department of Medicine and Surgery concurred with the recommendations of the GAO and in January 1983, a VA directive was published establishing criteria for adequate and equitable care of women veterans. It instructed each facility to develop a written plan for the care of women addressing, at a minimum, four areas:

a. Definition of a complete physical exam for women as including breast and pelvic examination.
b. Provisions for adequate inpatient gynecology services.
c. Provisions for outpatient gynecology services.
d. Referral procedures for necessary services for women unavailable at that facility.

As a result of the GAO recommendations, directives were also issued to VA medical centers to identify privacy problems and propose corrective action in their Five-Year Facility Construction Plans. Construction planning criteria were reviewed and found to be consistent with appropriate privacy standards for men and women.

Prior to 1983, nine facilities had relied on fee-basis care to provide gynecology, thereby limiting the service to service-connected women veterans. A new policy was instituted at that time requiring all VA medical centers to have at least one other method of providing gynecology, such as a staff gynecologist, a consultant to the medical center, a regularly scheduled clinic at the medical center or sharing agreement with a local hospital, in addition to fee-basis care. Now all women veterans using VA facilities have access to gynecologic care.

At the time of the 1982 GAO Report, only six of the 16 domiciliaries admitted women because of privacy considerations. Two years ago, the Chief Medical Director reported to this Subcommittee that all but two domiciliaries were able to provide care for women. I am now pleased to report that all VA domiciliaries are equipped to admit and treat women veterans.

The first VA Mammography Unit was opened at the VA Medical Center, Minneapolis, MN, in 1984, and there are now units at Allen Park, MI; Bronx, NY; Buffalo, NY; Martinez, CA; Portland, OR; and West Roxbury, MA. A mobile unit at Hines (Chicago), IL, provides services to four Chicago-area VA medical centers.

A number of VA medical centers have set up special women's clinics which emphasize early cancer detection, osteoporosis prevention and treatment, gynecology, nutrition, and preventive health.

The health care needs of women veterans are being addressed in the Medical District Initiated Planning Process (MEDIPP). Medical Centers are responsible for assessing their ability to meet the current and future needs of women veterans and to initiate planning when unmet needs are identified. Program initiatives, such as special women's clinics and mammography units, and facility construction or renovation projects to improve privacy, are included in each medical center's MEDIPP plans.

There are occasional inquiries from women concerning care for normal pregnancy and delivery. As you know, the Department of Veterans Affairs does not provide care for pregnancy and delivery since pregnancy is not considered to be a medical disability within the meaning of our medical benefits' laws and regulations. There have also been a few inquiries from women concerning the availability of assistance in overcoming infertility. The scope of VA's medical authority is generally to <u>treat</u> disabilities. However, the inability to become pregnant has not been deemed to be a medical disability and therefore the VA does not <u>treat</u> it. For that reason, VA has not been able to make available new technologies to overcome infertility for either men or women. The Office of Technology Assessment completed a study entitled

"Infertility: Medical and Social Choices" in May 1988. The OTA made no specific recommendations for VA action but did summarize some of the considerations: authority to provide care to a nonveteran spouse, responsibility for subsequent obstetrical care, responsibility for offspring with birth defects, and other more general ethical issues facing society as a whole.

The VA Advisory Committee on Women Veterans, which was established in 1983, has closely monitored the progress of the VA in meeting the needs of women in VA facilities. One specific recommendation made by the Committee was the appointment of women veteran coordinators at VA medical centers to make the traditionally male-oriented facilities more accessible and more sensitive to the growing number of women veterans eligible for care in these facilities. The recommendation was accepted and implemented in the field and has been well-received. Many facilities have also set up a committee to assure that the various needs of women can be met and to assist in planning for future needs. The women veteran coordinators continue to meet at the regional and district level to discuss ways in which the VA and the coordinators can better serve the needs of the women veterans.

Since the Advisory Committee's inception, most of their recommendations have been implemented by the Department. For instance, privacy in dressing, bedroom, and examination areas; inclusion of women in statistical information; separate data publications regarding statistics on women veterans; long-range planning for women in nursing homes and domiciliaries; pajamas and robes for women; extensive outreach campaign to inform women veterans of their entitlements; dissemination of "Women Are Veterans, too!" pamphlet for public information; access to substance abuse treatment programs geared specifically to the woman veteran; and, toiletry articles for women available for sale in VA medical center canteens. Members of the Advisory Committee have emphasized the importance of VA outreach to inform women veterans of benefits and to increase awareness of their veteran status.

The VA Advisory Committee on Women Veterans has endorsed the conduct of the women veterans' Vietnam experience study which was mandated by P.L. 99-272. This would be the epidemiologic study of long-term adverse health effects, particularly gender specific health effects, experienced by women who served in the Armed Forces in Vietnam. The protocol for the study has been designed under contract by the New England Research Institute. Concerns raised by the Office of Technology Assessment, however, have caused the VA to reexamine the feasibility of conducting a scientifically valid study.

Several studies of the health effects of service in Vietnam have been completed since the study of women Vietnam veterans was first contemplated. The comprehensive National Vietnam Veterans Readjustment Study conducted by the Research Triangle Institute included an oversample of women veterans. Results indicate significant differences between women who served in Vietnam and those who did not. Nearly 27 percent have had PTSD at some point in their lives and an additional 21 percent have some symptoms of PTSD. The lifetime prevalence of depression and alcohol abuse was also significantly higher for women veterans who served in Vietnam than for those who did not, or for civilians. Another study would certainly give similar results, but would contribute little new information. Further analysis of the extensive data on women collected as a part of that study, however, could expand knowledge of women's reactions to stresses under hostile conditions. The Ranch Hand research of the U.S. Air Force and The Centers for Disease Control Vietnam Experience Study have failed to produce evidence of significant long-term adverse health effects in the thousands of men examined. In the absence of a hypothesis to test, we have concluded that a scientifically valid study as described in P.L. 99-272 is probably not feasible. Furthermore, a repeat of the same Vietnam Experience Study in a much smaller group of women veterans is unlikely to contribute any useful information with the possible exception of information on gender specific effects.

While there is little credible evidence that adverse reproductive effects in women can be attributed to the Vietnam experience, it would be possible to conduct an epidemiological study comparing the pregnancy outcomes of women who served in Vietnam with those of women who did not. The Chief Medical Director

is exploring with the Office of Technology Assessment whether a scientifically valid study as described in P.L. 99-272 is feasible, or whether alternative studies should be pursued further.

The Veterans Health Services and Research Administration is committed to meeting the needs of women veterans seeking care and is anticipating that the demand will increase as the population of women veterans grows and the significant segment of women who served in World War II ages. Planning to meet their needs is an integral part of VA's planning process.

Although the provision of health care has received the most attention in VA's efforts to better meet the needs of women veterans, the Department of Veterans Affairs provides a full range of other benefits programs which are available for women veterans. The criteria which must be met to qualify for these benefits are the same for men and women. The amount of benefits paid monthly is also the same for women veterans as it is for men.

At present, 35,038 women receive service-connected disability compensation. These women represent 1.6 percent of all veterans on the compensation rolls and nearly 3 percent of all women veterans. Comparatively, 8.3 percent of the male veteran population receives service-connected disability compensation. Nonservice-connected disability pensions have been granted to 9,200 women veterans (1.5 percent of all veterans on the rolls and 0.76 percent of all women veterans). Approximately 2.3 percent of male veterans are receiving disability pension.

There were 5,350 VA guaranteed home loans made to women veterans during Fiscal Year 1988. This was 2.3 percent of the total 232,640 VA home loans closed.

A proposed regulatory change which would end gender-differentiation in the payment of insurance was published in the Federal Register on March 20, 1989. No public comments were received during the comment period, and, as a result, a final regulatory package has been prepared and submitted for public notice. Implementation of this change will increase the benefits paid to women veteran annuitants in VA insurance programs. It will also implement a recommendation of the VA Advisory Committee on Women Veterans to that effect.

Veterans Benefits Administration personnel in VA regional offices, concerned about women veterans' lack of knowledge about, and their low utilization of, VA benefits programs, pay particular attention to women veteran inquiries and provide comprehensive information and counseling services to women applicants. Pamphlets, newsletters, and public presentations are used for VA outreach to women veterans. Regional offices have developed special mailings and contact lists of women veterans to further this effort.

Women are included in the outreach focus on homeless veterans and in outreach efforts to active duty military personnel who are pending separation or retirement, and to older women veterans and their family members. Women veteran coordinators at all VA regional offices are appointed and are available to provide special services to women as those needs are identified.

Mr. Chairman, this concludes my formal statement. I and members of my staff will be pleased to respond to any questions that you or members of the Committee may have.

STATEMENT OF
DONALD E. SHASTEEN
ASSISTANT SECRETARY FOR
VETERANS' EMPLOYMENT AND TRAINING
U.S. DEPARTMENT OF LABOR
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

June 22, 1989

Mr. Chairman and Members of the Subcommittee, I am pleased to appear before you today and welcome the opportunity to discuss a number of key issues regarding the employment and training of women veterans. I am joined by Ms. Debra Bowland who is Deputy Director of the Womens' Bureau.

I would like to begin this testimony by commenting on the remarkable changes which have taken place in the roles women now perform in our armed services. The increase in the number of women veterans who separate from military duty each year and the dramatic changes in their occupational characteristics are the result of relatively recent changes in the ways in which service women have come to serve their country.

There are approximately 1,054,000 women veterans in this country who represent 4 percent of the total veterans population. About two-thirds of these women served in the military during a wartime period, i.e., approximately 250,000 are Vietnam-era veterans and about another 450,000 served during World War II and the Korean Conflict.[1]

Since 1972 and the advent of the All Volunteer Armed Forces, the percentage of service women in the military has grown from 1.2 percent (45,000) to approximately 10 percent (220,000) of the combined forces. During this time service women have been

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[1] See: Roca, Maria L., "Women veterans total 1 million in first half of 1986," Monthly Labor Review, Vol. CIX, No. 12 (U.S. Department of Labor, Bureau of Labor Statistics, December 1986) p. 30-31.

allowed to enter many military occupational specialties formerly closed to them. Although prevented from entering positions which are exclusively combat roles, service women can access most other military occupations - women are no longer limited to military occupations in nursing and clerical work. Eighty-eight percent of the skills and more than 61 percent of the positions in the collective forces are available to women.

As the number of women who become soldiers, sailors and marines increase, so too do the number of women veterans. Increasingly, women are leaving the military with skills in such areas as auto and aircraft mechanics, truck driving, trade crafts and electronics. It is estimated that by sometime in the 1990's, women will represent approximately 15% of all military personnel. From Fiscal Year 1976 to Fiscal Year 1986, the number of women separating from the armed services increased an average of more than 5 percent each year from a total of 33,739 in Fiscal 1976 to 52,341 in Fiscal 1986.

With regard to employment, the unemployment rate of women veterans was higher than that of non-veteran females in 1988.[2] And, when compared with male veterans during the same period, the unemployment rate of women veterans was also significantly higher.[3] However, I want to point out that in a Bureau of Labor Statistics study which was co-funded by the Veterans' Employment and Training Service and the Department of Veterans Affairs, we found that women who served during the Vietnam-era and other combat periods is just as likely to be employed in today's labor

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[2] "BLS Reports On Labor Market Situation Among Disabled Veterans Of The Vietnam Era, NEWS, United States Department of Labor, Bureau of Labor Statistics, Washington, D.C., 20212 (September 30, 1988). See Table 8 in the appendix showing the overall unemployment rate of women veterans was 8.0% vs. 5.3% for nonveteran women.

[3] Ibid., See tables 4 and 8: The unemployment rate for Vietnam-era male veterans was 4.8 vs. 5.8 for women veterans; for all war veterans the rate was 4.0 for males and 5.7 for women and for other [peacetime] service periods, the rate for men was 5.0 and for women 10.4.

market as are her female peers who did not serve in the military. A report from this on-going study released last September 30 noted this about Vietnam-era women veterans:

> "Of the nation's 1 million female veterans, about 250,000 served during the Vietnam-era, comprising 3.0 percent of all veterans of that period. Their labor force participation rate of 76.1 percent and unemployment rate of 5.8 percent are very similar to the rates for women of the same ages (25-54 years) who did not serve in the Armed Forces."[4]

The unemployment rate among women who served during other periods of conflict was 5.6 percent or about the same as that for women of the Vietnam-era. However, among those women veterans who did not serve during war time, the unemployment rate was 10.4 percent, almost a two-fold difference. We suspect that this higher unemployment rate may be due in part to inadequate transitions being made by young women following their separation from the military. From employment information for 1988, there is a clear indication that as is the case for the labor force in general, on average, employment circumstances among women veterans markedly improve with age.

Although the information is somewhat dated, a 1985 survey found that the percentage of women who have service- connected disabilities approximates that of their male counterparts even though relatively few women had been exposed to combat in the military.[5]

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[4] Ibid, page 2.

[5] Data On Female Veterans Fiscal Year 1984, Veterans Administration (November 1985) IM&S-M 70-85-8, page 38.

Perhaps our largest problem in serving the female veteran population is the long standing lack of information about the general welfare of women veterans. Although noticeable in their military roles, once they separate from the armed forces, women as veterans seem to vanish from notice in our society. Whereas much has been written about male veterans, very little attention has been paid to their female counterparts. As a result we really do not know a great deal about the transition women make from the military to the civilian labor market.

As noted, service women have a wide choice of training and occupational opportunities provided to them by our armed services. In fact, today, women in the military may have more opportunity to pursue highly technical jobs than they would, on average, in the civilian labor force. Census data indicate that "...in 1985, 17 percent of enlisted military women were craft or technical workers but only 2 percent of non-military women were in such occupations."[6] Women separating from the military with such technical training have the opportunity to earn higher than average wages in the civilian labor force and to provide our National economy with the talent and productivity it requires to compete in an increasingly competitive global economy.

Two objectives of the Veterans' Employment and Training Service are to:

* ensure that women separating from the military have the opportunity to appropriately translate their military skills and training to civilian occupations; and

* wherever possible, provide training to unemployed women veterans which may augment prior military training,

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[6] See: Taeuber, C. and Valdisera, V., "Women in the American Economy," Current Population Reports Special Studies Series P-232.N.146 ([U.S. Department of Commerce, Bureau of the Census] November 1986) P. 25.

especially in those vocational areas in which there is a shortage and demand in our civilian labor markets.

In addition to improving the occupational and economic circumstances of women veterans, we also wish to maximize the dollars spent to train women in the military by ensuring that wherever possible, this training is put to work in our economy.

The Federally funded organization responsible for facilitating labor exchange in our economy is our public employment service. In Program Year 1987 (July 1, 1987 to June 30, 1988) DOL's Employment Service registered 2,471,826 veterans for employment assistance and services of whom 123,924, or 5 percent, were women.[7]

As I have indicated, we believe the largest pocket of unemployed women veterans is found among those recently separated from service. In order to decrease the overall unemployment rate of women veterans, we believe it is necessary to accelerate their transition from the military to the civilian workforce by providing them with full employment assistance at the point of military separation.

One vehicle which we are exploring for accomplishing this end would be a DOL-led and coordinated Transition Management pilot which we refer to as "TM." The basic concept of TM would be to provide service members, before they leave active duty, with sufficient vocational guidance to allow them to make informed career choices and, with a necessary array of employment and training services, to carry out those choices.

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[7] U.S. Department of Labor Employment Service Programs Quarterly Report (ETA) 9002 July 1, 1987 through June 30, 1988, National Summary

During the past three years we have been collaborating with the Womens' Bureau with regard to seven different employment and training projects which target women veterans. These projects have been tasked to demonstrate cost-effective interventions which train and return unemployed women veterans to the workplace. Altogether, these programs are to provide a wide mix of training interventions to approximately 763 women veterans of whom a minimum of 410 will be placed in unsubsidized employment.

To date, only one of these programs has been completed so it is, as yet, too soon to provide you with a complete picture of what we may learn from these activities. However, our demonstrations are designed to test some hypotheses which I would like to share with you.

We anticipate that programs which have a wide assortment of training options will be better suited to serve this population than those which offer only one mode of training. For instance, the needs of a woman who has recently separated from the military are usually different from those of a woman who is a Vietnam-era veteran. If she is a single parent, the former is more apt to have younger children which, because of childcare expenses, creates an added barrier to employment. Also, because of the recent changes in the occupational role(s) of the service woman which I have described, the younger veteran is more apt to be interested in and trained for work in "non-traditional" employment than is the Vietnam-era veteran who, on average, is in her late thirties and whose military training more likely than not was in a clerical or medical service capacity.

The recently separated woman veteran may only require an on-the-job training experience to provide her with the skills she requires to augment her military training and become competitive and productive in a civilian job. On the other hand, the unemployed Vietnam-era veteran wanting to return to the

workforce, may require extensive, formal retraining before she can enter the workforce.

Interestingly enough, we have found that women veterans of all ages who have participated in these employment and training activities tenaciously retain their new jobs. In one program, most participants were found to be working for the same employer one and a half years after they had been placed in their jobs through the program. The participants who showed the most dramatic increases in hourly wages after they were employed were those who were working in non-traditional or technical fields.

A common problem experienced in most of these programs serving women veterans is an initial difficulty in finding participants who would identify themselves as "women veterans." We have found that prior to enrollment, participants thought of themselves as women who had served in the military but not as women veterans. All too often these women have assumed that a veteran's status is limited to those who have served in combat or, at the very least, those who have completed a full tour of duty. Most programs which began with recruiting campaigns that publicly sought "women veterans" had to adjust their efforts to recruit "women who served in the armed forces." Another common characteristic reported is a high completion rate - to date few have dropped out of these programs. Such success in responding to employment training interventions may be attributed to women veterans having attributes which are atypical of other populations usually served by the Job Training Partnership Act:

(1) almost all women veterans have high school educations;

(2) more often than not they have some college training; and

(3) they have the added benefit in drawing both from their training and work experiences received in the military.

As of program year 1989, i.e., July 1, 1989 to June 30, 1990, women veterans will become a standard target group to be served by State grantees who apply and receive funding under the Job Training Partnership Act, Title IV-C. As you know, this is that part of the Job Training Partnership Act which exclusively serves veterans who are disabled, who served in the Vietnam-era, or who have been separated from the military generally within the last four years. At the end of each forthcoming program year, we will examine the performance of our JTPA IV-C activities to ensure that women veterans are being adequately served across the country.

I fully expect that when current demonstration and mainstream IV-C programs are completed and evaluated, we will find that the activities which serve women veterans will prove to be cost effective and successful.

As a result of our recent experiences in serving women veterans, we have come to characterize them as having a certain gritty toughness. We believe that women veterans see themselves as survivors of a very rigorous, regimented system - the military. In meeting the challenges of the military, they proved something to themselves and to others about strength of character, persistence and intelligence. This pride and knowing that they have endured the past, may be the essence of their resolve and perseverance which serves them to succeed in the programs we have sponsored.

In summary, for the most part, women veterans 35 years and older appear to be participating in the workforce at the same or higher rate as non-veteran women. However, there may be transition problems for some women following military duty, at least based on the rather meager information available to us.

The Veterans' Employment and Training Service will continue to focus its attention and employment and training resources on targeted groups of veterans, including women, who are not competing adequately in the workforce and learn why this is so and how we can improve our programs to provide appropriate interventions which ameliorate their circumstances.

In closing, thank you again for the opportunity to discuss women veteran employment issues with you.

This completes my formal statement. Ms. Bowland and I will be pleased to respond to your questions.

STATEMENT OF
HONORABLE CONSTANCE BERRY NEWMAN
DIRECTOR, OFFICE OF PERSONNEL MANAGEMENT

before the

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

on

THE PROVISION OF BENEFITS AND SERVICES TO
WOMEN VETERANS

JUNE 22, 1989

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

THANK YOU FOR PROVIDING OPM THIS OPPORTUNITY TO TESTIFY ON THE PROVISION OF BENEFITS AND SERVICES TO WOMEN VETERANS.

THERE ARE NOW OVER 33,000 WOMEN VETERANS WORKING IN THE FEDERAL GOVERNMENT. WOMEN AND MEN VETERANS ALL CAN BENEFIT FROM A VARIETY OF EMPLOYMENT PROGRAMS THAT OPM OPERATES TO ENABLE THE GOVERNMENT TO ATTRACT AND USE VETERANS IN CIVIL SERVICE POSITIONS SUITED TO THEIR SKILLS.

YOU MAY BE FAMILIAR WITH THESE PROGRAMS, BUT I WOULD LIKE TO BRING YOU UP TO DATE ON THEIR PURPOSES AND FEATURES.

THE VETERANS PREFERENCE PROVISIONS OF THE STATUTES GOVERNING COMPETITIVE APPOINTMENTS IN THE CIVIL SERVICE HAVE LONG BEEN IN PLACE, AND APPLY TO WOMEN VETERANS AS WELL AS TO MEN. ALL PREFERENCE ELIGIBLE VETERANS ARE ENTITLED TO FIVE POINTS ADDED TO THEIR SCORE ON CIVIL SERVICE EXAMINATIONS, AND ELIGIBLE DISABLED VETERANS ARE ENTITLED TO TEN POINTS.

DURING FISCAL YEAR 1988 THE FEDERAL GOVERNMENT HIRED OVER 3,600 WOMEN VIETNAM ERA VETERANS--9 PERCENT OF THE TOTAL VIETNAM ERA VETERAN HIRES. WOMEN COMPRISE 3 PERCENT OF THE

VIETNAM ERA VETERANS IN THE NATIONAL WORKFORCE. THERE IS ALSO A SPECIAL AUTHORITY FOR THE NONCOMPETITIVE APPOINTMENT OF VIETNAM ERA VETERANS. THE VETERANS READJUSTMENT APPOINTMENT AUTHORITY, OR VRA, ALLOWS THE NONCOMPETITIVE APPOINTMENT OF VIETNAM ERA VETERANS TO FEDERAL JOBS, WITH CONVERSION TO CAREER OR CAREER-CONDITIONAL STATUS AFTER 2 YEARS OF SATISFACTORY TRAINING AND SERVICE. WE HAVE BEEN VERY PLEASED WITH THE HIGH RATE AT WHICH VETERANS SUCCESSFULLY COMPLETE THEIR PROGRAM. IN FISCAL YEAR 1988, NEARLY 700 WOMEN WERE HIRED THROUGH THE VRA PROGRAM.

THERE IS ALSO A SPECIAL AUTHORITY THAT ALLOWS THE NONCOMPETITIVE APPOINTMENT OF VETERANS WHO ARE 30 PERCENT OR MORE DISABLED. THIS SPECIAL AUTHORITY WAS USED TO HIRE 172 OF THE 686 DISABLED WOMEN VETERANS HIRED IN 1988. OPM ALSO ADMINISTERS THE DISABLED VETERANS AFFIRMATIVE ACTION PROGRAM. OPM WORKS CLOSELY WITH AGENCIES TO HELP THEM DEVELOP AND IMPLEMENT PROGRAMS TO EMPLOY DISABLED VETERANS, AND TO HELP THESE VETERANS ADVANCE IN THEIR CAREERS.

OPM ENCOURAGES THE CONTINUING SUCCESS OF THESE PROGRAMS BY THE USE OF EXTENSIVE PUBLICITY, INCLUDING DISTRIBUTING JOB INFORMATION TO VETERANS WHO MIGHT BE CANDIDATES FOR THEM. OPM HAS DEVELOPED AND DISTRIBUTED BROCHURES AND A VIDEOTAPE, AS WELL AS OTHER PUBLIC INFORMATION MATERIALS DESIGNED TO ATTRACT WOMEN VETERANS INTO THE FEDERAL SERVICE. OPM ALSO COOPERATES WITH THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF LABOR IN THEIR EFFORTS TO HELP VETERANS, AND MAKES A SPECIAL EFFORT TO TRAIN AGENCY PERSONNEL INVOLVED IN USING THESE PROGRAMS.

OPM IS STRONGLY COMMITTED TO THE EMPLOYMENT OF ALL VETERANS, AND TO HELPING ALL VETERANS REALIZE THEIR FULL POTENTIAL IN THEIR CAREERS. THIS COMMITMENT NOT ONLY HELPS OUR NATION'S VETERANS, BUT ALSO ENABLES THE GOVERNMENT TO FILL MANY VACAN-

CIES WITH FINE EMPLOYEES WHO CAN CONTINUE TO SERVE THE NATION IN A CIVILIAN CAPACITY.

THANK YOU. I WOULD BE PLEASED TO ANSWER ANY QUESTIONS YOU MAY HAVE.

U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

STATEMENT OF

LEON J. BECHET,

ACTING DIRECTOR, OFFICE OF VETERANS AFFAIRS,

SMALL BUSINESS ADMINISTRATION

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,

UNITED STATES HOUSE OF REPRESENTATIVES,

COMMITTEE ON VETERANS' AFFAIRS

June 22, 1989

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

MRS. SUSAN ENGELEITER, THE ADMINISTRATOR OF THE SMALL BUSINESS ADMINISTRATION HAS ASKED ME TO APPEAR BEFORE YOU TODAY. SHE AND I BOTH WANT TO THANK YOU FOR THE OPPORTUNITY TO PARTICIPATE IN YOUR EXAMINATION OF THE STATUS AND CONCERNS OF WOMEN VETERANS.

AT THE NATIONAL LEVEL, THE SMALL BUSINESS ADMINISTRATION HAS TWO OFFICES WHICH OFFER PROGRAMS WITH A SPECIAL EMPHASIS ON ASSISTING WOMEN ENTREPRENEURS. MY OFFICE, THE OFFICE OF VETERANS AFFAIRS, WAS CREATED TO IMPLEMENT THE CONGRESSIONAL MANDATE THAT VETERANS RECEIVE "SPECIAL CONSIDERATION" IN THE PROGRAMS ADMINISTERED BY THE AGENCY. THIS MANDATE INCLUDES WOMEN VETERANS. WE ALSO HAVE THE OFFICE OF WOMEN'S BUSINESS OWNERSHIP, WHICH IS CHARGED WITH ADDRESSING THE NEEDS AND CONCERNS OF ALL WOMEN ENTREPRENEURS. IN EITHER CASE, THE SMALL BUSINESS ADMINISTRATION IS INTERESTED IN THE NEEDS AND ASPIRATIONS OF WOMEN VETERANS WHO WANT TO OWN AND OPERATE THEIR OWN SMALL BUSINESSES SUCCESSFULLY.

PERMIT ME TO PROVIDE SOME STATISTICS ON BUSINESSES OWNED BY WOMEN AND WOMEN VETERANS. INTERNAL REVENUE SERVICE FIGURES FROM 1986 SHOW THAT THERE WERE 4.1 MILLION WOMEN-OWNED SOLE PROPRIETORSHIPS. THIS REPRESENTS A GROWTH RATE OF 64 PERCENT FROM THE 2.5

MILLION WOMEN-OWNED SOLE PROPRIETORSHIPS IN 1980.

RECEIPTS FOR THESE BUSINESSES REPRESENT $72 BILLION, WHICH DOUBLED IN THE 1980-1986 PERIOD. IN A NEWS RELEASE ON DECEMBER 9, 1988, OUR FORMER ADMINISTRATOR COMMENTED THAT: "WOMEN-OWNED BUSINESSES ARE CURRENTLY THE FASTEST GROWING SEGMENT OF THE ECONOMY, AND I BELIEVE THAT WHAT WE ARE SEEING TODAY IS JUST THE BEGINNING. AS THESE BUSINESSES MATURE, THEIR SHARE OF THE MARKET AND OF TOTAL SALES IS ALSO EXPECTED TO INCREASE."

A QUESTION OF INTEREST TO MY OFFICE IS WHETHER WOMEN VETERANS ARE DOING AS WELL AS WOMEN GENERALLY IN THE BUSINESS AREA. I SUGGEST THAT THE ANSWER IS THAT IN THE BUSINESS AREA THEY ARE DOING AS WELL AS THEIR NON-VETERAN COUNTERPARTS. THERE ARE 1.2 MILLION WOMEN VETERANS IN THE UNITED STATES. THEY COMPRISE 4.3 PERCENT OF THE TOTAL VETERAN POPULATION. ABOUT 705,000 ARE WARTIME VETERANS, OF WHOM 252,000 ARE VIETNAM-ERA VETERANS. YET, MORE THAN 20 PERCENT OF ALL WOMEN VETERANS SERVED ONLY DURING THE PEACETIME PERIOD FOLLOWING THE VIETNAM ERA (AFTER MAY 7, 1975).

POPULATION DATA INDICATE THAT IN 1980 WOMEN VETERANS COMPRISED APPROXIMATELY 1.4 PERCENT OF THE FEMALE POPULATION OVER AGE 24. YET, ACCORDING TO THE BUREAU OF CENSUS' 1982 CHARACTERISTICS OF BUSINESS OWNERS, ABOUT 10 PERCENT OF WOMEN-OWNED BUSINESSES ARE OWNED BY WOMEN VETERANS. MORE THAN 21 PERCENT OF THE 89,000 WOMEN-OWNED CORPORATIONS ARE OWNED BY WOMEN VETERANS AND 29 PERCENT OF THE WOMEN-OWNED FIRMS GROSSING MORE THAN $1 MILLION

ANNUALLY ARE OWNED BY WOMEN VETERANS. IN OTHER WORDS, WOMEN VETERANS APPEAR TO BE WELL REPRESENTED IN ALL THESE CATEGORIES OF BUSINESS OWNERSHIP. THE SURVEY ALSO FOUND THAT WOMEN VETERANS ON DUTY DURING THE VIETNAM WAR ARE LESS LIKELY TO OWN A SMALL BUSINESS THAN THOSE ON ACTIVE DUTY DURING EITHER WWII OR KOREA. HOWEVER, THIS LAST FINDING PROBABLY HAS CHANGED SINCE 1982 DUE TO THE AGING OF THE VIETNAM ERA POPULATION.

SBA'S OWN RESEARCH, BASED ON EARLY AND MID-1980 DATA, PAINTS A SIMILAR PICTURE. WHILE WOMEN VETERANS HAVE A SUBSTANTIALLY LOWER SELF-EMPLOYMENT RATE THAN NONVETERAN WOMEN (THIS IS TRUE FOR MALE VETERANS AS WELL), THEY HAVE HIGHER WAGE AND SELF-EMPLOYMENT INCOMES THAN NONVETERAN WOMEN (MALE VETERANS ALSO HAVE HIGHER WAGE INCOMES THAN NONVETERAN MALES BUT LOWER SELF EMPLOYMENT INCOMES). WOMEN VETERAN WAGE EARNERS AND WOMEN SMALL BUSINESS OWNERS EARN A LITTLE MORE THAN HALF THE INCOME OF MALE WAGE EARNERS AND MALE SMALL BUSINESS OWNERS. SBA'S DATA ON INCOME LEVELS OF VARIOUS CATEGORIES OF WOMEN VETERAN AND NONVETERAN WAGE EARNERS ARE CONSISTENT WITH THE DEPARTMENT OF VETERANS AFFAIRS FINDINGS, WHICH WERE PUBLISHED IN DEMOGRAPHIC AND SOCIOECONOMIC DATA ON FEMALE VETERANS, FEBRUARY, 1985.

WOMEN VETERANS HAVE BEEN ACTIVE PARTICIPANTS IN THE SBA LOAN PROGRAMS. DURING FY 1988, THERE WERE 128 SBA DIRECT AND GUARANTEED LOANS TO WOMEN VETERANS FOR $19.5 MILLION (SBA SHARE). THIS ACCOUNTS FOR APPROXIMATELY 4 PERCENT OF THE TOTAL LOANS MADE BY SBA TO VETERANS. IN THE FIRST 8 MONTHS OF 1989 (AS OF MAY 31), THE SBA HAS MADE 113 OF ITS DIRECT AND GUARANTEED VETERAN LOANS TO WOMEN VETERANS, ACCOUNTING FOR $16.9 MILLION (SBA SHARE). IF WE ANNUALIZED THESE FIGURES, THE FY 1989 TOTALS SHOULD REFLECT 169 LOANS TO WOMEN VETERANS FOR $25.3 MILLION. THIS MEANS THAT WOMEN VETERANS WILL HAVE RECEIVED 4 PERCENT OF THE SBA LOANS MADE TO WOMEN. THIS COMPARES FAVORABLY WITH THE EARLIER CITED DATA. BASED ON AN INFORMAL SURVEY OF OUR FIELD OFFICES, I WOULD ESTIMATE THAT APPROXIMATELY 4 PERCENT OF ALL VETERANS TRAINED OR COUNSELED BY SBA AND ITS RESOURCES ARE FEMALE.

MR. CHAIRMAN, THIS CONCLUDES MY PREPARED STATEMENT. I WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU OR THE COMMITTEE MAY HAVE.

VETERANS AND ENTREPRENEURSHIP

A RESEARCH DIGEST

OFFICE OF VETERANS AFFAIRS

U.S. SMALL BUSINESS ADMINISTRATION

WASHINGTON, D.C. 20416

JANUARY 1987

Table 2. Percentage Differences in Self-Employment Rates of Veterans Compared to Nonveterans by Sex, Race, Disability Status and Service Period*

Class	Vietnam Era[1]	Between Wars[2]	Korean War[3]	WWII[4]
White Male Veterans, %	-36.0	-26.0	-23.8	-17.9
Nonwhite Male Veterans, %	-39.6	-26.9	-21.7	-10.1
Female Veterans, All Races, %	-25.6	-15.0	-7.7**	+4.3**
Disabled Male Veterans, All Races, %	-30.7	-26.2	-27.1	-16.4
Nondisabled Male Veterans, All Races, %	-33.6	-22.4	-17.1	-10.9

Source: Adapted from Steven Lustgarten and Associates, "Financial Success and Business Ownership Among Vietnam and Other Veterans," pp. II-2, III-2, IV-3, V-2.

* Percentage figures indicate the greater or lesser likelihood of a veteran being self-employed as compared to a nonveteran in the same class and service period categories. Percentage figures do not represent actual self-employment rates. For self-employment rates see: U.S. Small Business Administration, The State of Small Business, A Report of the President, 1986, Washington, D.C.: U.S. Government Printing Office, June, 1986, page 89. Also see Tables 7 and 8 of this Digest.

** Percentage differences are statistically significant at the .05 levels except where indicated by **.

[1]Vietnam Era: August 1964 - April 1975

[2]Between Wars: February 1955 - July 1964

[3]Korean War: June 1950 - January 1955

[4]WW II: September 1940 - July 1947

Table 3. Annual Wage Income and Percentage Differences Between Veterans and Nonveterans by Service Period

Class	Wage Income (Dollars)			
	Vietnam Era	Between Vietnam and Korea	Korean Conflict	World War II
White Males				
Veterans	17,035	21,187	21,603	20,865
Nonveterans	17,674	20,391	19,549	17,659
Difference* (Percent)	-3.6	+3.9	+10.5	+18.5
Nonwhite Males				
Veterans	13,215	16,616	16,214	14,771
Nonveterans	12,125	13,576	12,884	11,755
Difference* (Percent)	+8.9	+22.4	+25.8	+25.7
Females, All Races				
Veterans	9,136	11,508	12,132	11,874
Nonveterans	8,388	8,674	9,042	9,033
Difference* (Percent)	+8.9	+27.4	+34.1	+31.5
Disabled Males, All Races				
Veterans	12,511	14,605	14,734	14,502
Nonveterans	11,340	12,777	12,713	11,657
Difference* (Percent)	+10.3	+14.3	+15.8	+24.4

* All differences are statistically significant at a .05 level.

Source: Steven Lustgarten & Associates, "Financial Success and Business Ownership Among Vietnam and Other Veterans," pp. 11-15, III-3, V-12, IV-11, and V-10.

Table 4. Annual Self-Employment Income and Percentage Differences Between Veterans and Nonveterans by Service Period

Class	Self Employment Income (Dollars)			
	Vietnam Era	Between Vietnam and Korea	Korean Conflict	World War II
White Males				
Veterans	12,546	13,957	13,930	13,930
Nonveterans	12,691	13,455	13,333	12,509
Difference* (Percent)	-1.1	+3.7	+4.5	+11.4
Nonwhite Males				
Veterans	10,124	11,431	11,836	11,369
Nonveterans	10,363	12,592	11,511	10,891
Difference* (Percent)	-2.3	-9.4	+2.8	+4.4
Females, All Races				
Veterans	7,189	6,618	8,304	7,485
Nonveterans	4,619	5,835	4,516	5,791
Difference* (Percent)	+55.6	+13.4	+83.9	+29.2
Disabled Males, All Races				
Veterans	8,173	9,217	9,243	9,179
Nonveterans	8,318	9,334	8,504	8,110
Difference* (Percent)	-1.7	-1.3	+8.7	+13.1

* All differences are statistically significant at a .05 level.

Source: Steven Lustgarten & Associates, "Financial Success and Business Ownership Among Vietnam and Other Veterans," pp. II-15, III-3, V-12, IV-11, and V-10.

Table 6. Percentage Differences Between Annual Wage and Self-Employment Income of Veterans by Sex, Race, Disability Status, and Service Period*

Class	Vietnam Era	Between Wars	Korean War	WWII
White Male Veterans, %	-26.4	-34.1	-34.5	-33.2
Nonwhite Male Veterans, %	-23.4	-31.2	-27.0	-23.0
Female Veterans, All Races, %	-21.2	-42.5	-31.6	-37.0
Disabled Male Veteran All Races	-34.7	-36.9	-37.3	-36.7

Source: Adapted from Steven Lustgarten & Associates, "Financial Success and Business Ownership Among Vietnam and Other Veterans," also see Tables 3 and 4 of Digest.

* All percentage differences are statistically significant at a .05 level. Percentage figures are the ratio of self-employment income to wage income subtracted from 100, indicating how much greater or lesser, in relative terms, self-employment income is compared to wage income.

STATEMENT OF AMERICAN VETERANS COMMITTEE
BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
HOUSE COMMITTEE ON VETERANS AFFAIRS
ON STATUS AND CONCERNS OF WOMEN VETERANS

June 22, 1989

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to present the views of the American Veterans Committee on the current status and concerns of women veterans.

The American Veterans Committee is gratified that this Subcommittee is maintaining vigilant oversight on the situation of women veterans with respect to the benefits and services due them. AVC took the lead in the seventies calling attention to the neglect of women veterans by federal agencies. As strong advocates for women veterans, we were pleased to testify before you in 1987 and are delighted to do so again during these hearings.

My name is June A. Willenz; I am the Executive Director of the AVC and the author of WOMEN VETERANS: AMERICA'S FORGOTTEN HEROINES. In 1983, I testified for AVC in support of setting up an Advisory Committee on Women Veterans at the Veterans Administration, and served on the first Advisory Committee from 1983 to 1986. Our concern and expertise regarding the interests of women veterans were recognized when the Women's Bureau of the Department of Labor asked us to conduct a research project on the employment problems of women veterans. We presented the findings and conclusions of that study to this Committee during the 1987 hearings.

Despite the continuing efforts of the Advisory Committee on Women Veterans , there is considerable evidence that women veterans still face many of the same problems that were identified in the first days of the Advisory Committee . The Louis Harris Survey (1985) revealed that less than half of the women veterans queried had heard of the veterans' benefits and services to which they are entitled. The Harris Survey also found an underutilization of benefits by women veterans, and suggested it reflected a problem of benefit awareness rather than

preference. The Survey suggested that "there still a need of publicity directed at the woman veteran".

With women veterans the fastest growing segment of the veterans population, and that population likely to grow as the demographics point to a diminishing manpower pool in the 1990's and more women enter military service, it is incumbent upon those responsible for veterans benefits policies and services to provide the outreach necessary both to find the womer veterans and to inform them of their rights to benefits. Otherwise, veterans benefits and services will continue to be irrelevant to hundereds and thousands of women veterans throughout the country who either are misinformed or unaware of their eligibility for veterans programs.

During the last few years, with the heightening awareness of the problems of women veterans, a number of states have tried different initiatives to upgrade services for these veterans. Advisory Committees, Task Forces, and other ad hoc groups have been set up by Governors and/or legislatures to come to grips with the problems that have been identified by the Congressional hearings and the VA Advisory Committee on Women Veterans. As often happens when attention is drawn to a 'new'problem area, a crash approach is taken which produces a report and even some changes. Then, the task is considered finished and there is no follow-up. If there is to be continuing outreach and oversight, an institutional presence is needed. While there are ad hoc women veterans groups around the country which may monitor the particular situations of their members, the interests of women veterans as a whole do not seem to be a priority for either state or local governments. We do not know of any survey or review of how local and state initiatives are impacting on the needs of women veterans, but we have reason to believe that these efforts are spotty, at best.

A sporadic piecemeal approach may call attention to some deficiencies of services, and in the case of health care,to malfunctioning in specific facilities, but it does not tend to provide long-term solutions. The problems of women veterans in

getting services and benefits, especially in health care,which are derived from decades of neglect, cannot be solved overnight. Identification of the problem is a necessary first step, but institutional response is as essential if long-term remedies are to be effected. The excellent work of the VA Advisory Committee on Women Veterans has prompted major changes within the DVA itself which have been beneficial for women veterans, but that is only the foundation upon which other structures must be built. There are numerous reports that women veterans around the country are not taking advantage of veterans programs or are being shortchanged.

Women veterans, for example, are still hard to find. In a recent newsletter of the SPARS, is the following announcement:

> "New York's Division of Veterans Affairs is trying to locate its women veterans - 75,000 of them - who served their country. They are entitled to same benefits as men, but evidence shows they are less aware of their entitlement."

There is other evidence that the problems that beset women veterans continue despite the progress made by the DVA. For example, the 1988 REPORT TO THE LEGISLATURE of the State of California Commission on Women Veterans (which was appointed for one year) reveals that women veterans are difficult to identify and locate. As the state that has the largest number of veterans, California's situation is of considerable interest. The 1988 California Report indicated that "women who served under their maiden names and later married were difficult to locate." It corroborated the Harris Survey finding that women veterans are not utilizing their benefits. Many of them do not consider themselves "veterans" and hence, do not apply for benefits. Through a series of hearings and a survey, the California Commission identified some reasons why women veterans are not using their benefits. Many women think they are not eligible because 'veteran' implies combat service; others with general discharges because of pregnancy (in earlier years) also thought they were ineligible.

"The Commission has found that women veterans are not

seeking anything better or different than their male counterparts. They are only seeking to have access to the full benefits towhich they are enititled. The Commission recommends an ongoing, organized statewide program to identify, locate and inform women veterans as the most crucial immediate need." (P.9)

Among the many recommendations made by the Commission were: setting up a permanent Advisory Commission on Women Veterans; and providing a toll-free telephone number and publicizing it through public service announcements to facilitate contact with women veterans.

The California Commission called upon the VA to examine cuts in VA medical survices. "In many areas, only Veterans with service-connected medical problems are being treated by the VA, which disproportionately excludes women veterans from VA medical care."

In a paper presented to the American Political Science Association in 1987, "Invisible Segment of a Veterans Population: Women Veterans, Past Omissions and Current Corrections", I pointed out that under the new terms of eligibility for treatment within the VA health care system, "women veterans who might have been able to come to VA Hospitals, as men had, for over three decades, with non-service connected ailments, particularly as outpatients, will be restricted. This is an irony that is not lost on women veterans. Just as the system begins to be responsive to their needs, other contingencies narrow their eligibility. . . Therefore, women who have been shortchanged up to very recently, when they finally become aware of their benefits, may find that it is too late to use them. There is a real question whether further corrections which will require new programs/and or services, meaning allocations of money, will survive to help meet the still unmet needs of women veterans."

When the Department of Veterans Affairs was created by PL. 100-527, the American Veterans Committee saw a unique opportunity to further improve the relevance of veterans benefits programs to its women veterans. We suggested that it would be good policy if provision were made in the new Department so that the special

needs and problems of women veterans would be addressed systematically.

In a letter to then Secretary-designate Derwinski, AVC proposed that "an office of 'women's issues' be established that would provide a channel for policy initiatives and implementation that could address in a judicious and prompt manner whatever problems or situations occur that particularly affect women. This office would insure women veterans recognition of their full participation in the veterans benefits programs."

We were gratified that Senator Matsunaga, on March 9, introduced S. 564, "to provide for an Assistant Secretary of Veterans' Affairs to be responsible for monitoring and promoting the access of members of minority groups, including women, to services and benefits furnished by the Department of Veterans Affairs." AVC was pleased to provide supportive testimony for this bill at the June 9th hearings of the Senate Veterans Affairs Committee. Our statement urged:

"By institutionalizing an office which would be responsible for the monitoring of the access of minority and women veterans to the programs administered by DVA, Congress would help meet a national commitment to ensure equality of treatment and access for all veterans....By having an Assistant Secretary of Veterans Affairs to focus on these groups at the DVA, complaints and grievances, examples of institutional insensitivity or malfunctioning, would receive the necessary attention..."

AVC suggested "it (the VA Advisory Committee on Women Veterans) does not and cannot provide the necessary institutional framework for hands on continuing monitoring and review". On the other hand, with the framework suggested by S. 564, "The Advisory Committee on Women Veterans can be an important resource for this Office, and this Office can give enhanced authority and dispatch to the findings of the Advisory Committee."

Having an Assistant Secretary of Veterans Affairs at DVA, with oversight responsibility for these veterans would enhance the possibilities of women and minority veterans getting their fair share of the diminishing veterans benefits pie. We note

with approval that HR. 2096, introduced last month by Congressman Rangel, also addresses this issue.

We were disappointed that R. J. Vogel, Chief Benefeits Director, testifying for the Department of Veterans Affairs during the June 9th hearing, opposed S. 564. Recognizing the legitimate distinction he suggested between "line" and "staff" responsibilities, we think it would be appropriate to amend that legislation so that the Assistant Secretary would be charged with 'oversight, evaluation and policy recommendation functions' rather than 'implementation'.

Regarding Mr. Vogel's suggestion that since all the Assistant Secretaries at DVA have 'equal opportunity' as one of their functions, it would be" unnecessary to establish a function which would overlap or duplicate the duties already mandated by law for the Assistant Secretaries," AVC disagrees with this reasoning.

It is well known that diffusion of responsibility dilutes that responsibility. Without denying the responsibility of each Assistant Secretary in this area, it is crucial that there be one Assistant Secretary who has the ultimate responsibility for 'equal opportunity' in the agency. Therefore, the AVC supports legislation that would specifically set forth this responsibility as one of the functions of one specified Assistant Secretary of the Department. Two other of the more recently formed cabinet departments have an Assistant Secretary for Equal Opportunity. The DVA should have no less.

We commend the Committee for holding this important hearing on the current concerns and status of women veterans, and appreciate the opportunity to present our views.

STATEMENT OF
PAUL J. BREUER
ASSOCIATE NATIONAL LEGISLATIVE DIRECTOR
DISABLED AMERICAN VETERANS
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
OF THE
VETERANS AFFAIRS COMMITTEE
U.S. HOUSE OF REPRESENTATIVES
June 22, 1989

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the more than 1.3 million members of the Disabled American Veterans and our Women's Auxiliary we thank you for the invitation to present our views on the current status and concerns of our nation's women veterans.

We commend you, Mr. Chairman, for holding this oversight hearing to examine the responsiveness of federal government agencies in providing women veterans access to federal benefits and services; and to explore the potential for improving access to, awareness of, and the availability of federal benefits and services for our nation's women veterans.

As you know, Mr. Chairman, the membership of the DAV is composed of honorably discharged veterans (women and men) who were wounded, injured or otherwise disabled in wartime service to this country. From its inception in 1922 and continuing to the present time, the DAV has welcomed and will continue to proudly welcome all eligible veterans to its ranks.

The DAV has an extensive National Service Program where we employ National Service Officers in 67 offices nationwide to provide counseling and representation to all members of the veteran community free-of-charge and without regard to membership in our organization. We currently employ six women in our corps of National Service Officers and, in addition, a service-connected disabled woman veteran serves as a staff writer at our national headquarters. Further, many women serve as elected and appointed officers of our chapter and state departments nationwide.

Mr. Chairman, DAV has pursued the objective of proper recognition for all our nation's wartime service-connected veterans and we are pleased that you convened this hearing to address the concerns of women veterans who have served in our Armed Forces.

Mr. Chairman, since the American Revolution women have served in our nation's Armed Forces with courage, patriotism, and distinction. During the Civil War they served as combat field nurses and color bearers, and they detonated bridges, cut telegraph wires, burned arsenals, and helped prisoners and slaves escape. In 1898, Congress authorized the Army to appoint nurses under civilian contract for duty in the Spanish American War. World War I saw some 34,000 of our nation's women serve with surgical teams both in the field and at evacuation hospitals, as well as telegraph operators, fingerprint experts, and translators. During World War II more than 400,000 women served in all branches of our Armed Forces in all military theaters, and over 200 women including Army nurses and Women Air Force Service Pilots gave their lives to this country. Women also served with distinction, as well, in Korea and Vietnam; and today nearly 220,000 women comprise approximately 12% of our nation's active duty Armed Forces.

Mr. Chairman, the immense contribution of women who have served in our Armed Forces is undeniably a rich and important

part of our national heritage. The membership of DAV, having been treated by active duty women health care professionals for wounds, illness and injury suffered during wartime service, know all too well and are deeply appreciative of the commitment, dedication, professionalism, and courage of women with whom we have served in our armed services. In part for that reason, Mr. Chairman, our membership has in the past adopted resolutions to support recognition of the military service of women by the creation of appropriate federal memorials. It also goes without saying that when our membership adopts resolutions to pursue the enhancement of benefits and services for our nation's disabled veterans, women veterans, particularly those with service-connected disabilities, are most assuredly included.

As a result of concerns expressed by women veterans, veteran's service organizations, and Congress, the (then) Veterans Administration (currently Department of Veterans Affairs) established, in 1983, an Advisory Committee on Women Veterans to explore these concerns and to recommend improvements to facilitate complete access by women to the full range of VA benefits, service and health care available to male veterans. DAV Assistant Supervisory National Service Officer Shirley Jaynes of our Seattle, Washington, National Service Office presently represents DAV on this Committee.

The Advisory Committee has met on numerous occasions since its inception and has issued biannual reports of their activities, findings and recommendations. We are pleased to note that the Committee has reported continued improvement in women veterans' access to and the availability of programs and services administered by the VA, although some problems still remain resistant to solutions designed to correct them. We commend the Department of Veterans Affairs for their efforts to date, and hope they will be furnished adequate resources by Congress to completely alleviate problems for women veterans that still exist.

Mr. Chairman, I would like to briefly comment on the VA Advisory Committee on Women Veterans - achieved through enactment of Public Law 98-160 -- and the VA Women Veteran Coordinators, an example of the success of the VA Advisory Committee on Women Veterans.

The Advisory Committee includes among its members representatives of women veterans, individuals who are recognized authorities on the needs of women veterans, including their gender-related health care needs, and female and male veterans with service-connected disabilities. Also included on this Committee are ex officio members or representatives from the Departments of Labor and Defense, and the Department of Veterans Affairs (VA). They have met on numerous occasions since their inception in 1983 and have performed on-site inspections of several VA medical centers.

As a result of these meetings and inspections several recommendations have been made to the VA leadership on issues of concern to women veterans. These recommendations cover a wide range of topics and include: the aging of women veterans, research on gynecological conditions, the VA's mammography pilot program, issues relating to Agent Orange, post-traumatic stress disorder, employment and training, outreach, improvement in the area of gender-related treatment in VA medical centers, and an emphasis on increased awareness of benefits and services available to women veterans.

We feel the Committee is to be recognized and commended for its success in elevating the awareness of concerns of women veterans within the VA and federal departments and agencies, and for developing sound recommendations to address these problems

and concerns. It is through the dedication and diligence of this Committee that VA medical center facilities have been improved to meet the needs of women veterans.

It was through efforts of the Advisory Committee on Women Veterans that the VA established Women Veteran Coordinators at VA medical centers and VA regional offices to ensure on-site advocacy for the specific needs of women veterans. At these VA installations their accomplishments have been many and this program has increased awareness of the concerns of women veterans, sensitized VA employees and dramatically improved delivery of benefits and services and health care to women veterans. In our view it is clear, Mr. Chairman, that the dedicated work of the Women Veteran Coordinators and the Advisory Committee on Women Veterans has had a profound positive impact on access to and the availability of VA services to our nation's women veterans.

In discussing the concerns of women veterans with our Advisory Committee representative, National Service Officer Shirley Jaynes, in preparation for this hearing, it appears that there continues to be areas of major concern to our nation's women veterans that need to be addressed. We are confident the representative of the Advisory Committee invited to testify at this hearing will clearly articulate these concerns and recommendations to the Subcommittee.

Based on our discussion with Ms. Jaynes, I would like to comment on a particularly prominent area of increasing concern to our nation's women veterans: access to VA health care including gender specific health care.

The first point to make in this regard, Mr. Chairman, is that the budget shortfall confronting VA health care can be expected to negatively affect access to health care for all our nation's veterans, men and women alike. We are already witnessing restrictions (if not elimination) of health care available to category B and C patients by a vast majority of VA medical centers nationwide.

Prompted by a 1982 General Accounting Office study and recommendations by the Advisory Committee on Women Veterans, VA developed a directive for complete physical examination for women including pelvic and breast examinations. The VA has taken steps to ensure the availability of gynecological services at our VA medical centers. We have been informed that mammography examinations are available, on-site, at approximately ten VA medical centers, and the remaining other VA medical centers refer patients to the community for mammography tests at VA expense (fee basis). In effect, we have been told that it is not cost effective for all VA medical centers to acquire mammography equipment if they do not treat a significant number of women veterans so as to justify the purchase of this equipment.

Mr. Chairman, bearing in mind the severe budget shortfall confronting VA health care, and the fact that women veterans comprise only a minority of recipients of VA health care, it is a major concern of our women veterans that gender specific health care may become less available in the future as VA medical center directors struggle to find ways to deal with their reduced budgets by cutting back certain services to our nation's veterans.

Mr. Chairman, at a joint hearing before the Senate and House Veterans Affairs Committees during February 1989, DAV National Commander Billy E. Kirby presented our proposal for a VA/DoD Health Care Alliance to address the pressing needs of both of these federal health care systems in a time of limited

federal resources. The objective of this Alliance is to establish a framework to increase opportunities for VA and military health care facilities to expand sharing agreements (only where appropriate for each facility) by building on the existing VA/DoD sharing law (Public Law 97-174). Under this legislation, today some 300 VA and military treatment facilities have entered into over 1800 sharing agreements nationwide that have improved their ability to provide cost effective health care to their respective patients.

Our Health Care Alliance proposal seems particularly relevant to health care for women veterans when considering the adaptations required by the male patient dominant VA health care system.

Since military treatment facilities are already geared to provide gender specific health care to active duty women, as well as female military dependents, it seems to us that health care sharing agreements between VA and military treatment facilities would be advantageous for our nation's women veterans, as well as to the VA (by reducing cost of obtaining gender specific health care in the private sector).

Mr. Chairman we again acknowledge the fine work and outstanding contributions of the Advisory Committee on Women Veterans, and we urge the Subcommittee to give serious consideration to their recommendations to ensure continued progress for equitable treatment of women veterans.

Mr. Chairman the progress made by women veterans over the past several years in terms of their recognition, and their increased awareness of VA benefit availability, and the positive response of VA health care facilities to their special needs has come a long way. This is not to say, however, that we should cease in our efforts on behalf of women veterans. To the contrary, we must continue our efforts to see that the needs of women veterans are properly met and that they receive the benefits and services to which they are legally entitled.

That concludes my statement, Mr. Chairman, and we again offer our sincere thanks for the opportunity to present testimony to your Subcommittee today.

Vietnam Veterans of America, Inc
2001 S St., NW
Suite 700
Washington, DC 20009-1125

(202) 332-2700

STATEMENT OF

VIETNAM VETERANS OF AMERICA, INC.

Presented by

THOMAS A. SHERWOOD
DIRECTOR OF HEALTH POLICY AND PLANNING

and

JILL MISHKELL

Before the

HOUSE VETERANS AFFAIRS SUBCOMMITTEE
on
OVERSIGHT AND INVESTIGATIONS

on

STATUS AND CONCERNS OF WOMEN VETERANS

JUNE 22, 1989

Mr Chairman, I am Jill Mishkell, a Certified Nurse Practioner, and former Army Nurse. I was assigned to the 24 th Evacuation Hospital at Long Binh, Republic of Vietnam from 1970 to 1971. I also served as Chairman of the Connecticut Women Veterans Task Force from it´s beginning in 1985 to February of this year. Today I appear on behalf of Vietnam Veterans of America, Inc (VVA).

There is no question that great strides have been made in increasing the awareness of the public, veterans organizations and the Department of Veterans Affairs (DVA) about the unique contributions that women veterans have made to the nation. The improvement of health care services, emphasis on outreach and attention to the gender specific needs of women is due in large part to the interest of this Committee and the valuable work of the VA Women´s Advisory Committee.

Many of the blatant inequities noted in the 1982 GAO report "ACTIONS NEEDED TO INSURE THAT FEMALE VETERANS HAVE EQUAL ACCESS TO VA BENEFITS " are being improved and in some instances resolved. However, it is critical that the effectiveness of individual efforts to accommodate the needs of women not be mistaken as successful system wide implementation. We can be proud of the progress that has been made but we can not ignore the problems that remain.

Since it´s inception Vietnam Veterans of America has recognized the contributions of women who served in and with the military during the Vietnam Era. Because they are an integral part of our organization, VVA has had a special interest in the status of programs focused on the needs of women veterans. At the same time as a Congressional Chartered Veterans Service Organization, we have access to a cross sectional view of the efficacy of these programs across the nation.

Our members report that outreach to women veterans is still an area of concern and deficiency. While the initial approach to appoint a Women Veterans Coordinator in VA health care facilities has been effective in some settings, there are instances in which uninformed, disinterested or inaccessible staff members are appointed to these positions with no appreciable change in services or care to women veterans. Some facilities have created very effective advisory committees of women veterans who serve as advocates and advisors to administrators on the special needs and concerns of this consumer group. VVA has also suggested that the inclusion of women who actually utilize DVA services and programs on the DVA´s Women´s Advisory Committee would enhance and enrich the deliberations and efforts of this group.

It is most interesting to note that almost seven years after the GAO Report the major thrust of the Working Group on Women Veterans continues to be outreach, education of providers and consciousness raising efforts. VVA continues to reiterate our prior recommendation that consideration be given to naming full time women veterans coordinators in each Regional Office for a period of two years to conduct more formalized outreach and educational initiatives.

Due to the budgetary shortfall for this fiscal year and the subsequent curtailment of health care services for category B & C veterans, some DVA personnel have expressed concern that care for service connected disabled women veterans may be in jeopardy. Given the governments emphasis on numbers of veterans receiving benefits, there is considerable apprehension that the relatively small numbers of women who will now be eligible for the gender specific health care, may eventually prompt DVA officials to cut these services completely.

VVA has long supported the need to assess the utilization of DVA's health services and initiate cost effective measures to assure that service connected disabled veterans receive the highest priority for care. Because the recognition of women veterans and efforts to accommodate their special needs has only recently been addressed, it seems equally prudent and beneficial that care be taken to insure that the investments in these programs and the progress that has been made is not obliterated by the pressing financial needs of the Department.

Since the quota system which limited the numbers of women who could serve in the Armed Forces was lifted, the population of women serving in the military has grown substantially. At the same time, an estimated 95% of all military operational specialties have been opened to women. Even with the most restrictive interpretation of the DVA's health care policies, the numbers of women eligible for care will also expand. Continued efforts to assess, formulate and integrate care for women will assure that DVA can be adequately responsive to this increasing population of veterans.

The recent National Vietnam Veteran Readjustment Study by the Research Triangle Institute (RTI) marked the first time that women were included in any study of Vietnam Veterans.
This study found a strong correlation between the incidence of Post Traumatic Stress Disorder (PTSD), Substance Abuse, Chronic Health Problems and women who were exposed to High War Zone stressors. In the past VVA has expressed its concern for the treatment of veterans with a dual diagnosis of substance abuse in the presence of a psychological disorder. We have reported that there is a woeful lack of DVA treatment facilities for patients with these complicated problems. We noted then, as now, that there were creative approaches to treatment largely through contract services. The recent decision by DVA to cut financing for contract services by 25 -50 % has been actually been reported in some areas of the country to be as high as 75 %.

This elimination of contract services has also resulted in the discontinuation of care for veterans heavily invested in productive therapeutic endeavors. Such an abrupt termination of care can, in and of itself, create even more psychiatric problems for patients. While the RTI study also found that theater women used the Vet Center Program more that Era women, there was evidence to suggest that women seek and receive care more often from non DVA sources. Interestingly visits by women to Vet Centers constituted 1% of the total utilization of those services last year. In the case of many women veterans, the male dominated atmosphere of the Vet Center Program has not always been compatible or suitable for effective treatment.

Women have reported that they attempted to engage in the the Vet Center Programs, but soon found that "Rap Groups " and individual counseling were insufficient to help them with their problems. Other women sought assistance from non VA sources and paid for their PTSD treatment themselves. Some women were fortunate to learn about contract services and eventually received VA funding for their care. Women have difficulty acknowledging their veteran status and accepting their wartime experiences. While these difficulties may account for the reluctance of women to use Vet Centers, they also indicate that contract services must remain a viable option for women with PTSD

The RTI study documents the prevalence of present and potential numbers of women who have symptoms of PTSD severe enough to warrant professional care. Efforts by VVA and the Vietnam Women's Memorial Project to identify women who served has also increased awareness and acknowledgement of these symptoms, which in turn has increased the need for their effective treatment and

care. Consideration in the cuts of funding to the service contract program should be given to insure that any veteran, man or woman, receives adequate care for their service incurred illnesses or disabilities.

Perhaps the most recent issue of concern about the equitable provision of services to veterans has become the interest in providing procreative services that are reasonable and necessary to overcome the effects of a service connected disability. The opportunity to participate in the creation of a new life is especially precious to any of us - even more so for men and women who through their disability may have been denied this experience. In any instance where women veterans sustain problems with fertility as a result of a service connected disability, they should be accorded the same procreative services that are available or may become available to male veterans with procreative problems. We urge that the discussion of this very sensitive issue be confined to the consideration of the individual needs of veterans who request this assistance.

The 1985 Harris Study found that the rates of cancer in women veterans was twice the incidence found in the general adult female population. This is very distressing when you compare the 45% of cervical uterine and ovarian cancers in women veterans with the 9 % found in the rest of the female population. Skin cancers are 16% in women veterans compared to the 2% in other women. Despite the rising interest in women veterans health no efforts have been made to address this issue further.

An additional analysis of the Harris data by LeDonne, found that women who were assigned in Vietnam have more chronic health problems, higher percentages of cancers and a higher percentage of children with birth defects or who die in the first year of life than do other women veterans. With the findings by Rice-Grant which also reported high rates of cancer and indicated that one in three children conceived by women who served in Vietnam resulted in miscarriage, stillbirths or children born with birth defects, there seems to be enough evidence to demonstrate that further study of the health status of these women and their offspring is warranted.

At the same time there are these indications of suspiciously high rates of cancer in women veterans, we also hear that there is not system wide implementation of the GAO recommendation that complete physical examinations including gynecological exams and mammograms be provided on request to eligible women veterans. Service connected disabled women who requested these services report they have been denied because these problems are not part of their disability. Presently a VA Hospital in Arkansas is being criticized in the press for offering penile implants to non-service connected disabled male veterans at the same time women veterans are being required to pay for mammography.

This is even more puzzling given the fact that the VA facility recently purchased mammography equipment which was installed in the nearby University of Arkansas Medical Center. By placing the equipment at the University, mammography went into the fee for service category which eliminated women with less than 50% service connected disability rating from receiving the screening as a VA service. There is far reaching ramifications for the mounting body of evidence which suggests that the rates of cancer in women veterans is unusually high. This problem deserves more intense study and attention. Thought should be given to providing cancer screening and diagnostic services to women veterans regardless of their disability status until valid conclusions about the incidence of cancer can be determined.

Women who served in Vietnam, both military and civilian, continue to be concerned with the unresolved questions about the consequences of their wartime experiences. We have looked forward to the studies which were authorized by Congress regarding the effects of Agent Orange on women and the Women Veteran Vietnam Experience Study. We are disappointed and concerned that despite the fact that these studies were authorized, they have either been abandoned or left floundering on the drawing board.

With the publication of the RTI study new information about the high rates of chronic health problems in women Vietnam Veterans has come to light. Because our members are the population in question, we have become more aware than most, of the increasing numbers of deaths in women who served in Vietnam. The complex nature of their health problems, which include several variations of auto-immune suppressive disease entities, in-utero cancer, and other ravaging systemic degenerative processes seem more than coincidental. There is little consolation to these women and their families that DVA officials have reported that they cannot identify a large enough cohort of women to conduct a study of the effects of Agent Orange or that researchers cannot agree on the methodology for a study of Vietnam experience of women veterans .

Each year more of the cohort disappears - we bury them. Each year we wait, the questions and illnesses increase. Some have speculated that we are witnessing the cycle of a 20 year "lag time" from exposure to toxic substances in Vietnam to the present appearance of symptoms and overwhelming disease patterns. The high rates of miscarriages, stillbirths birth defects and early deaths in children of women veterans demands more investigation and exploration. We believe that the pressing questions of the circumstances of women who served in Vietnam could be answered if the DVA would make the authorized study a top priority.

With regard to other services to women veterans, the Office of Personnel Management has repeatedly reported difficulties in implementing the Veterans Readjustment Authority Program because the stipulations are very limiting and usually don't seem applicable to the current veteran population. The requirements of the program for employment considerations limit eligibility to veterans with 14 years of education and confine the rating to the GS-9 level. Ironically many government agencies have complained that they can't comply with these requirements because most of the positions are for women. VVA would like to point out that DVA figures indicate that over 263,000 women served during the Vietnam Era and as such are eligible for consideration under this program. Perhaps this is another benefit available to women veterans which could be incorporated in future outreach efforts.

Certainly there is much to be proud of in the progress and improvements that have come about as a result of the interest and concern for women veterans. The future population of veterans will benefit substantially from the work of this Committee and the Women's Advisory Committee. Perhaps the best evidence of the success of all this work will be the day when women veterans will no longer be seen as "special" or the exception to the rule. VVA looks forward to the DVA's continued interest, efforts and programming to evolve a system that is both worthy of women veterans and worthy of the nation they served.

STATEMENT OF PHILIP R. WILKERSON, ASSISTANT DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
TO THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
JUNE 22, 1989

Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates this opportunity to express its views on the current status of women veterans and the provision of benefits and services by the Department of Veterans Affairs and other Federal agencies.

We wish to commend you Mr. Chairman for your continuing interest in and attention to this significant, but often overlooked and underserved group of deserving veterans. Veterans in every sense of the word, they have experienced a number of problems in receiving the full measure of benefits and services to which they are entitled under the law. It is, therefore, important and appropriate that this Subcommittee periodically review the activities of the Department of Veterans Affairs with particular regard to outreach and service to women veterans.

Before beginning our discussion of these issues, The American Legion would like, once again, to express its appreciation to those women who have so dutifully and faithfully served this nation in the Armed Forces, and to those who have dedicated themselves to the service of their fellow veterans. Since its founding in 1919, The American Legion has welcomed women veterans in our membership. Through the years, women have been elected to the respected positions of National Vice Commander, State Commander, and officers at the Department, District, and Post level. In addition, women veterans have provided valuable service to the organization and to veterans as professional employees and we are privileged to have women veterans serving the Legion as Claims Representatives, Department Service Officers and as Accredited Representatives in state and county veterans service offices.

Currently, of the nearly three million members of The American Legion, approximately 4 percent are women veterans and there are over 100 American Legion Posts totally membered by women veterans.

At this time, we would also like to mention specifically the work of Ms. Doris Gross of Des Moines, Washington, The American Legion representative on the Department of Veterans Affairs Advisory Committee on Women Veterans. Ms. Gross, and the other distinguished members of the Advisory Committee, both past and present, are to be commended for their dedication, perseverance, hard work, and intense deliberations in carrying out the Committee's mandates: (1) assess the needs of women veterans with respect to compensation, health care, rehabilitation, outreach, and other

benefits and programs administered by VA; (2) review VA's programs and activities designed to meet the needs of women veterans; and (3) make recommendations for appropriate action.

In seeking to address these many issues, there are a number of factors which must be taken into account. There are an estimated 1.2 million women veterans which is 4.4 percent of the total veteran population. Their median age is 50.4 years. Of those who served during wartime, there are some 745,000 whose median age is 61.7 years. About 262,000 or 3 percent are Vietnam War veterans. Women currently make up about 12 percent of the active Armed Forces and a similar percentage of Post-Vietnam War veterans. In fact, women are the fastest growing segment of the overall veteran population due to their increased presence in the armed services, their longevity, and the declining male veteran population. It is estimated that in twenty years the number of women veterans will be approximately 1.3 million. As veterans, they have potential eligibility for literally dozens of Federal and State benefit programs. Despite their veteran status, until recently, little information was available concerning the problems adversely affecting women veterans in utilizing these benefits and services.

Through the efforts of the Advisory Committee and other groups in the Department of Defense, Department of Labor and other agencies, together with organizations such as The American Legion, there has been an increasing awareness and recognition that there are problems and special needs of women veterans. Many of these were highlighted in a 1986 GAO report. We believe there have been, as a result, many improvements in the coordination among Federal agencies with respect to outreach and information services targeted toward women veterans as well as the development of statistical and related data on the community of women veterans. Importantly, there have been substantive changes in the Department of Veterans Affairs medical care services, the Department of Labor's veterans' employment services, and other Federal programs.

While we applaud the concerted efforts of these and other agencies and the progress that has been made, we believe there remains a number of unresolved problems and issues that continue to affect the health and welfare of women veterans.

As previously mentioned, one of the fundamental problems in assessing the needs of women veterans has been the general lack of basic accurate statistical data on them. We note that such information is now included in both the "Veterans Population Tables"

and "Female and Male Veterans Usage of VA Hospitalization - Fiscal Year 1988" compiled by the Department of Veterans Affairs which build upon two earlier reports in 1986 and 1987. The routine collection and reporting on the characteristics of women veterans provides necessary insight into the status, problems, and trends as a part of the overall picture of this nation's veterans.

While statistical data provides objective information as to the numbers of women veterans utilizing the various benefit programs, it does not shed light on why overall benefit utilization by women veterans is significantly lower than their male counterparts. One of the most often voiced reasons is one of perception. Many women veterans do not consider or identify themselves for one reason or another as "veterans." Such personal misperception and often erroneous information has clearly interfered with their ever seeking benefits and services from VA or employment assistance. In fact, for many years, VA medical facilities were essentially oriented to the needs of male veterans and unable to provide adequate or appropriate care for women veterans. This represented a further disincentive to seeking "veterans" medical benefits. Many new and expanded outreach efforts and programs are underway to make women veterans aware of their entitlements and provide necessary information on the various programs that are available to them. It is, however, noted that much of the information on women veterans is scattered among a number of offices within VA. We believe this information is not in an easily accessible form which greatly limits its usefulness in the Department's future planning for women veterans.

Not only is there generally no centralized source for information and data, but we have found that publications and documents are often severely limited. Mr. Chairman, The American Legion is acutely aware, as are you and Members of this Subcommittee, of today's high cost of printing and current constraints on Department and Agency budgets. Yet these considerations will always be present to some degree and we believe that special efforts must be made by those administering veterans' benefits programs to carefully manage resources, so that useful and necessary information may be efficiently gathered, integrated into program management and planning, and disseminated to the veteran community.

Access to appropriate and timely medical care and services at VA medical centers has been one of the major problems over the years for women veterans. Recent data indicates an increasing number of women veterans are applying for VA medical care.

Continuing efforts to improve privacy, the availability of specialized personnel and equipment, and an increasing staff awareness of women veterans' gender-related medical problems have been reported throughout the VA medical care system by the Legion's Field Representatives in their surveys of VA medical centers.

We are pleased to comment that VA medical centers and regional offices have, in fact, focused attention on a variety of women veteran issues through the appointment of Women Veteran Coordinators. This liaison works particularly well in resolving local problems and in promoting ongoing VA policy with respect to meeting the needs of these veterans.

The utilization of VA health care services by women veterans continues to increase as reflected in recent reports. From Fiscal Year 1970, the first year data was reported, as compared with Fiscal Year 1988, the number of female veteran patients discharged from VA medical centers increased from 9,619 to 23,549. The latter figure represents approximately 2.2 percent of all VA hospital discharges for Fiscal Year 1988. Additionally, many eligible women veterans continue to receive treatment and care through VA contracts with private health care providers.

It has been and will continue to be the policy of The American Legion to ensure veterans are provided access to quality health care services on a timely basis, with adequate privacy accommodations, in all Department medical facilities.

As with the aging of the total veteran population, many women veterans are coming into the time of their lives when health problems will begin to increase. In 1986, according to VA estimates, there were 7,200 living women veterans of World War I, 361,200 of World War II, 114,600 of the Korean Conflict, and 262,000 of the Vietnam War. Those 65 years of age or older totaled over 306,200. The 65 and older group is expected to increase by almost 30 percent to about 394,000 by the end of the century. It, therefore, is anticipated that older women veterans will have a significant impact on future demands for VA acute and long term health care due to their generally increased longevity over males and their reduced economic status in later years.

The American Legion believes very strongly that VA needs to address the issue of women veterans' gender-related conditions in , the overall planning and research conducted within the Geriatric Research, Education, and Clinical Research Center (GRECC) programs, and within other clinical areas. The VA must continue to plan to meet the specific needs of the women veterans community, at present and in the future,

concurrently with its overall planning for the continuing care of all veterans.

Mr. Chairman, The American Legion has been deeply concerned by two other important health related issues affecting those women veterans who served in Vietnam. These are Post-Traumatic Stress Disorder (PTSD) and the health effects of exposure to Agent Orange.

In recent years, there has been increased awareness and recognition of the fact that many women Vietnam veterans are suffering from PTSD. The prevalence of PTSD and other health problems among all Vietnam veterans was graphically set forth in the findings of the recently released study conducted for VA by the Research Triangle Institute and The American Legion and Columbia University Study of Vietnam Veterans. The high levels of war zone stress has resulted in more readjustment and other psychological problems among women Vietnam veterans in comparison to women veterans who did not serve in Vietnam during the same period, according to the study. The symptoms associated with this disability have a profound effect on the individual veteran's personal and social relationships as well as their economic or occupational adjustment. From these findings and other related data, there is a clear indication of the need for increased support for the psychological readjustment counseling programs conducted by the Vet Centers and other types of outpatient mental health programs, as well as adequate resources to ensure the continued operation and expansion of the inpatient special PTSD unit program. A recent positive development has been the establishment of the National Center for Stress Recovery at the White River Junction VA Medical Center which will assist in the VA's treatment and research program for this disability.

Because of the large scale spraying of herbicides in Vietnam and the potential health risks posed by exposure to dioxin and other toxic agents, Vietnam veterans, both male and female, have expressed continuing concerns for their health and that of their families. Over the past ten years, Congress has mandated a number of studies on the effects of Agent Orange on Vietnam veterans. In general, the studies which have been initiated thus far have focused on male Vietnam veterans. Little progress has been made toward conducting the major epidemiological study of the health of Vietnam veterans as required by PL 95-151. Women veterans were not to be considered as part of the ground troop study. Stemming from numerous complaints within the veteran community and women veterans in particular regarding the prevalence of PTSD, miscarriages, and other

gender-related health problems, Congress in 1985 mandated VA to conduct a comprehensive epidemiological study of Vietnam women veterans. In 1986, VA awarded a contract to the New England Research Institute to design a protocol for the mandated study. Since that date, the study protocol has been the subject of ongoing debate between VA and the Office of Technology Assessment.

Mr. Chairman, The American Legion is deeply concerned with the bureaucratic wrangling which has thus far impeded and delayed this very important study. As with the long-delayed study of the health effects of exposure to Agent Orange, it is frustrating for those of us who represent Vietnam veterans to try and explain to them, and their families, why it has taken so long to determine the long-term health effects of exposure to Agent Orange, or to compensate those who are suffering chronic disabilities which they feel are caused by such exposure. The American Legion holds fast to the position that it is the responsibility of the United States Government to use every resource available to determine the consequences of exposure to Agent Orange on those whose active military service placed them in Vietnam. We would, therefore, encourage the expeditious completion of this study as it will play an important role in addressing many of the longstanding unresolved health concerns of Vietnam veterans and their families. The need for timely, accurate scientific data is especially important for women Vietnam veterans who are still in their childbearing years.

In addition to current ongoing efforts to improve the level and quality of health care services to women veterans, there is a related need to fully and comprehensively assess the employment and training needs of women veterans. As previously mentioned, there are a variety of employment training and assistance programs administered by VA, Department of Labor, the Small Business Administration, and other Federal agencies, as well as those provided at the state level. There remains a problem of making women veterans aware of the availability of such services in order that they might take fuller advantage of them. We are pleased to note an increased emphasis by the Department of Defense on job and career counseling at the separation centers. We would encourage closer cooperation and coordination between the military facilities, VA, and the employment services of the Department of Labor and the respective states.

We would also like to note there are several demonstration projects underway by the Women's Bureau and the Veterans Employment and Training Services (VETS) of the Department of Labor. One such employment assistance project was successfully

completed in Everett, Washington where 35 of 45 women veteran participants with severe economic handicaps were placed in employment. Most of these women had previously been on welfare and several were on the verge of becoming homeless. We look forward to the reports on these initiatives.

While the available data suggests that the majority of women veterans have made a successful readjustment after service, many continue to experience physical and psychological problems which developed during or as a result of their military service. Programs of benefits, medical care, education and training, and employment assistance are available through VA and other Federal agencies. Continued outreach programs to women veterans are essential. The American Legion will continue its own efforts to ensure that women veterans are informed of their "veterans benefits" and to assist them in receiving all benefits and services to which they are entitled.

Mr. Chairman, progress has been made with respect to a number of issues of vital concern to women veterans, and to The American Legion. We would very much like to see this progress continue and welcome the continued oversight of this Subcommittee.

Mr. Chairman, that concludes our statement.

WRITTEN COMMITTEE QUESTIONS AND THEIR RESPONSE

U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

JUN 29 1989

June 26, 1989

Honorable Lane Evans
Chairman
Subcommittee on Oversight
and Investigations
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

In response to the question asked of me by Representative Jill Long at the hearing on the status and concerns of women veterans, on Thursday, June 22, 1989, I am pleased to submit the following revision of the paragraph beginning "SBA's own research... " on page 4 of my testimony.

I believe that this information will clarify any misunderstanding and request that you permit this revision to be substituted in the text of my testimony.

Sincerely,

Leon J. Bechet
Acting Director
Office of Veterans Affairs

Enclosure

SBA'S OWN RESEARCH, BASED ON EARLY AND MID-1980'S DATA, PAINTS A SIMILAR, THOUGH NOT IDENTICAL, PICTURE. WHILE WWII ERA WOMEN VETERANS HAVE A HIGHER SELF-EMPLOYMENT RATE THAN THEIR NONVETERAN PEERS, KOREAN AND VIETNAM ERA WOMEN VETERANS HAVE A LOWER RATE. NEVERTHELESS, WOMEN VETERANS IN GENERAL HAVE BOTH HIGHER SELF-EMPLOYMENT AND WAGE INCOMES THAN THEIR NONVETERAN PEERS. SBA'S DATA ON INCOME LEVELS OF VARIOUS CATEGORIES OF WOMEN VETERAN WAGE EARNERS ARE CONSISTENT WITH THE DEPARTMENT OF VETERANS AFFAIRS FINDINGS, WHICH WERE PUBLISHED IN DEMOGRAPHIC AND SOCIOECONOMIC DATA ON FEMALE VETERANS, FEBRUARY, 1985. (SEE ATTACHED TABLES FOR CROSS TABULATIONS ON SELF-EMPLOYMENT RATES AND INCOMES OF VARIOUS CATEGORIES OF VETERANS.)

U.S. Department of Labor

Assistant Secretary for
Veterans Employment and Training
Washington, D.C. 20210

July 21, 1989

The Honorable G. V. (Sonny) Montgomery
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

In response to your request for answers to the questions submitted by Congressman Lane Evans as a result of the Subcommittee on Oversight and Investigations hearing of June 22, I respectfully submit the enclosed materials.

I would be pleased to answer any additional questions if they arise. Thank you for the opportunity to testify before the Subcommittee.

Sincerely,

Donald E. Shasteen

DONALD E. SHASTEEN

Enclosure

QUESTION 1

WHAT IMPACT HAS THE DISCHARGE COUNSELING PROVIDED BY DOL HAD ON LENGTH OF UNEMPLOYMENT? HOW MUCH HAS BEEN SAVED IN UNEMPLOYMENT COMPENSATION AS A RESULT OF DISCHARGE PLANNING? HOW MANY WOMEN VETERANS WILL RECEIVE DISCHARGE COUNSELING THIS FISCAL YEAR?

Presently, we have no data available to answer this question. A pilot of the transition management program jointly operated with the Department of the Army was recently concluded at Fort Bragg, North Carolina. However, the data from this pilot program are limited and inconclusive.

QUESTION 2

THE COMMITTEE UNDERSTANDS A WOMEN'S BUREAU SPONSORED PILOT PROGRAM TO PROVIDE WOMEN VETERANS INFORMATION ON THE CIVILIAN LABOR MARKET HAS BEEN DISCONTINUED. WAS THIS PROJECT A SUCCESS? WHY WAS IT DISCONTINUED?

The pilot program was a success both in terms of placements of the participants and in providing experience and insights for additional pilot programs the Department's Veterans Employment and Training Services Office (VETS) conducted for women veterans.

The original pilot

The original Women Veterans Training and Placement Program was conducted from July, 1986 to December, 1987. The project was a joint venture between the Women's Bureau and the Office of the Assistant Secretary for Veterans Employment and Training (VETS). It was designed and operated by the Everett Job Service Center of the Washington State Employment Security Department; technical assistance was provided, on-site when necessary, by the staff of the Women's Bureau regional office in Seattle, Washington.

The Women Veterans Training and Placement Program ultimately enrolled 45 participants. Of these, 43 had served as enlisted women and 2 as officers. Of the 45, 42 percent were Vietnam-era veterans, 2 percent Korean veterans, and 33 percent recently separated (having exited active duty in the 48 months prior to enrollment). Only 47 percent had served their full tour of duty before exiting; one-half of those exits were for pregnancy reasons.

The program was designed to provide training that related the competencies received in the military with the skills required by local employers. There were four training components: occupational skills training, on-the-job training, support groups and job search counseling.

At the end of the 18 months of the program, 35 participants had been placed in unsubsidized employment at an average starting wage of $6.82 per hour. The wage range was from $3.75 to $9.95 per hour.

Six month follow-up on participants (May, 1988) revealed that 31 of the 35 women veterans placed in jobs were still employed; five had moved to higher paying jobs (3 of the 5 went from $9.60 to $12.63 per hour); the average wage rose from $6.82 to $7.57.

Additional pilot programs for women veterans

In June, 1988, the Department's Veterans' Employment and Training Service Office (VETS) funded six (6) organizations to conduct pilot programs designed for women veterans. Grant awards ranged from $97,000 to $120,000.

Five of the pilot projects were designed for one year, from June 30, 1988 to June 29, 1989; one is to operate for 18 months, from June 30, 1988 to December 31, 1989.

The six projects are spread geographically. They are:

- City of Phoenix: expects to serve 40 female veterans with coordinated employment and training activities; special emphasis will be placed in serving disabled veterans.

- Portland, Indiana: expects to serve 53 female veterans in the 5-county area in East Central Indiana through a combination of skills training and supportive services; Title IV-C Advisory Committee is in place to develop strategies and guide the program.

- County of Suffolk, New York: expects to serve 50 female veterans, with recruitment emphasis on veterans who are public assistance recipients; training for employment in nontraditional occupations will also be emphasized.

- San Antonio, Texas: the American G.I. Forum's program expects to serve 50 female veterans through a combination of on-the-job training (OJT), skills training, and job preparation/job development components; supportive services will also be provided.

- Trenton, New Jersey: the State's Division of Employment Services expects to serve 315 female veterans; emphasis will be on OJT and work experience in nontraditional occupations.

- Olympia, Washington: the State's Employment Security Department will serve 28 female veterans, by linking recently separated women veterans, ages 17-24, with three Job Corps Centers in the area, to determine if Job Corps programs are effective as an intervention strategy and transitional measure for this category of veterans. The grantee will also conduct a statewide impact study on the adjustment experiences of recently separated women veterans, as well as providing employment and training services to the women.

  The award recipients were selected by a panel from nationwide responses to a Solicitation For Grant Applications (SGA). The Women's Bureau was an integral part of the grant award process, a WB staff member serving as Chair of the review panel.

QUESTION 3

ACCORDING TO TESTIMONY PRESENTED TO THE SUBCOMMITTEE TWO YEARS AGO, THE WOMEN'S BUREAU WAS MAKING EFFORTS TO BETTER UNDERSTAND THE PROBLEMS AND NEEDS OF WOMEN VETERANS. ARE THE PROBLEMS AND NEEDS OF WOMEN VETERANS BETTER UNDERSTOOD TODAY BY THE WOMEN'S BUREAU AND DOL? WHAT SPECIFICALLY IS BETTER UNDERSTOOD NOW? DOES THE DEPARTMENT OF LABOR HAVE A BETTER RESPONSE TODAY TO THE PROBLEMS AND THE NEEDS OF WOMEN VETERANS?

Yes, the problems and needs of women veterans are better understood today by the Women's Bureau and the Department of Labor.

Specifically, the Labor Department has a better understanding of the training and retraining needs of women veterans who are moving from the military into the civilian labor force. The training - often highly technical - that women receive today in the military may provide excellent preparation for a wide range of occupations and professions in civilian life. Since, the Women's Bureau's research has uncovered some of the needs of

women veterans who are pursuing appropriate employment or additional skills training, it is in a better position to address these needs. For example, we know that in addition to technical skills gained in the military, many women veterans need occupational skills training, on-the-job training, support groups and job search and personal counseling.

The Women's Bureau has sought to improve the lot of women veterans and utilize their capacities in a way to benefit themselves and the Nation's workforce. Because of the many efforts of the Bureau to better understand the needs of this group, it is in a better position to incorporate their concerns in its programs and policy recommendations.

QUESTION 4

ACCORDING TO TESTIMONY PRESENTED IN 1987, THE WOMEN'S BUREAU HAD BEGUN TAKING STEPS TO ASSURE THAT WOMEN VETERANS KNEW MORE ABOUT THE RANGE OF OCCUPATIONS OPEN, THE TYPES OF TRAINING REQUIRED FOR JOBS IN THE FUTURE, AND PARTICULARLY THE SPECIAL ASSISTANCE AVAILABLE TO THEM. WHAT STEPS HAVE BEEN TAKEN IN EACH AREA DURING THE LAST TWO YEARS. WHAT RESULTS HAVE BEEN ACHIEVED?

Women's Bureau job search information packet distribution

This project has been conducted by the regional office in Philadelphia, Pennsylvania since 1983. It is aimed at providing women veterans with the information they need in order to conduct a successful civilian job search. Eighty (80) percent of the separation centers in the region participate in the distribution of the information packets. The packets contain:

- A letter from the WB Regional Administrator explaining the content;
- data from the Occupational Outlook Quarterly;
- an EEO poster on non-discrimination;
- WB publications list;
- various information sheets on referral services available, such as Job Service information, employment and training local organizations, and community-based organizations serving women;
- publications on expanding occupations between now and 1991; and
- an evaluation form.

There has been no systematic analysis of the results of this initiative. It is the assessment of the Regional Administrator of the Women's Bureau of Region III that the kind information that is useful for a veteran's job search in the civilian labor market is needed at an earlier time, prior to separation from the armed services.

QUESTION 5

IN 1987, MR. SHASTEEN TESTIFIED THERE WAS NO REASON THE DEPARTMENT COULDN'T EXAMINE SPECIFYING A CERTAIN PERCENTAGE OF WOMEN VETERANS BE PARTICIPANTS IN TRAINING PROGRAMS, WHETHER ENTREPRENEURSHIP TRAINING OR OTHER TYPES OF TRAINING, PROVIDED OR SUPPORTED BY THE DEPARTMENT OF LABOR. WAS THIS EXAMINED? WHAT WAS THE RESULT?

Eighty percent of the JTPA IVC funds are made available to the States. Each year, the criteria for receiving these funds are described in a Solicitation For Grant Applications (SGA). Based on information which may be provided through labor statistics, special surveys, research studies, public forums, etc., this office continually gathers data to identify those groups of JTPA IVC eligible veterans who should be especially target to receive services.

In the SGA published for Program Year 1989, women veterans were for the first time specifically targeted to receive services. The following language is taken from the grant application criteria provided in this SGA:

> "Women veterans now account for approximately 10% of the service people being discharged annually. Although it may be unreasonable, especially for small projects, to establish goals which target to enroll women in activities which treat Vietnam Theater veterans, it is not unreasonable and is expected that goals will be set to enroll women veterans in programs which serve the other subsets, e.g., other Vietnam-era, service connected disabled and recently separated veterans."

This criterion to serve proportionately women veterans with JTPA IVC resources will be in the requirements of future SGAs.

QUESTION 6

THE LACK OF UNEMPLOYMENT STATISTICS ON WOMEN VETERANS WITH POST VIETNAM SERVICE WAS NOTED DURING THE HEARING TWO YEARS AGO. WHAT DEVELOPMENTS HAVE OCCURRED SINCE THEN REGARDING UNEMPLOYMENT STATISTICS FOR THIS LARGE AND GROWING SEGMENT OF THE WOMEN VETERANS POPULATION? HOW DOES THE UNEMPLOYMENT RATE OF WOMEN VETERANS WITH POST VIETNAM SERVICE COMPARE TO THEIR NON-VETERAN PEERS?

Information on female veterans has been obtained by the Bureau of Labor Statistics (BLS) through the Current Population Survey since January 1986. While post-Vietnam-era service is not specifically identified in the survey, it is possible to make a reasonable estimate of the number of post-Vietnam-era veterans by tabulating the number of peacetime veterans by age. Since the Vietnam-era extended from 1964 to 1975, we can assume that most, if not all, women in their 20's, 30's, and early 40's who are peacetime veterans served in the post-Vietnam period. The data confirm the recent sharp increase in the size of this group. The number of female peacetime veterans 20 to 44 years old grew by one-third from the first six months of 1986 to the same period in 1989, to reach 350,000. In comparison, the veteran population of the same age grew by 3 percent. The labor force participation of peacetime veterans in those ages differed little from that of their nonveteran peers. However, as the following table shows, the unemployment of veterans was somewhat higher than that of nonveterans, although joblessness has come down for both groups since 1986.

Women, 20 to 44 years	Veterans		Nonveterans	
	First Half		First Half	
	1986	1989	1986	1989
Population (in thousands)	260	350	47,360	48,790
Labor force (in thousands)	190	270	33,940	36,030
Participation rate	72.6	76.9	71.7	73.8
Unemployment rate	10.9	8.1	7.2	5.3

QUESTION 7

WHAT SERVICES AND ASSISTANCE ARE CURRENTLY BEING PROVIDED BY THE DEPARTMENT OF LABOR TO HOMELESS VETERANS AND PARTICULARLY TO WOMEN VETERANS WHO ARE HOMELESS? HOW MANY HOMELESS WOMEN VETERANS ARE RECEIVING THESE SERVICES FROM DOL?

The Veterans' Employment and Training Service receives funds under section 738 of the Stewart B. McKinney Homeless Assistance Act to carry out programs to "expedite the reintegration of homeless veterans into the labor force." These Homeless Veterans Reintegration Projects (HVRP) are operating in 17 cities. These projects are designed to increase the employability of homeless veterans by providing or arranging for the provision of services which will enable them to work. Each program recruits, hires, and trains veterans who have experienced homelessness to serve as outreach workers. These workers act as a liaison between homeless veterans and the "system" so that needed supportive services can be obtained. Once the veterans' needs for services such as housing, food, medical attention, or substance abuse treatment are addressed, the HVRP program concentrates on job training and placement.

Based on six-month performance data, it appears that these programs are achieving the objectives of contacting homeless veterans, arranging supportive services, and providing job training and placement. About 6,500 homeless veterans have been contacted by outreach workers; 8,462 individual supportive services have been provided; 1,151 have been placed in jobs for 20 or more hours per week; and 282 have been on the job for at least 13 weeks. The average placement wage is $5.90 per hour, which exceeds the JTPA Title IIA placement wage in 43 States.

At present, there is no data available about the number of female veterans who have been served by these projects. However, an evaluation of the program's performance during the first year of operation is currently being undertaken. When the final report on this evaluation is made available in April 1990, it will include demographic information on the participants, and will include the number of female veteran participants.

QUESTION 8

THE UNEMPLOYMENT RATE AMONG PEACETIME SERVICE WOMEN VETERANS, WHO ARE PRIMARILY POST VIETNAM ERA, IS 10.4 PERCENT. DOL SUSPECTS THIS UNACCEPTABLE HIGH RATE OF UNEMPLOYMENT IS DUE, AT LEAST IN PART, TO "INADEQUATE TRANSITIONS." WHAT IS THE DEPARTMENT OF LABOR DOING SPECIFICALLY TO IMPROVE THE "INADEQUATE TRANSITIONS" MADE BY WOMEN VETERANS FOLLOWING DISCHARGE? WHAT ARE THE RESULTS OF THESE EFFORTS? WHAT IS AN "INADEQUATE TRANSITION?"

The DOL, in its proposed Transition Management Project, is developing two employment assistance programs. One program,

known as the Veterans' Transition Assistance Program (VTAP), will serve servicemembers who are separating or retiring through *normal channels. Employment services* will be delivered directly to separating servicemembers at four military bases, each representing one of the four branches of the military. The other program, the Disabled Transition Assistance Program (DTAP), will provide one-on-one employment counseling to disabled servicemembers prior to separation. The DTAP component will be tested at three military hospitals which specifically handle disability separations. Servicewomen will participate in the programs.

Finally, the term "Inadequate Transitions" was coined for the first time in Assistant Secretary Shasteen's Testimony to the Subcommittee on June 22, 1989. The term was used to convey that some women, for reasons not clearly understood, fail to make successful transitions from their military duty to the civilian labor force and, as a result, are unemployed.

QUESTION 9

ACCORDING TO THE TESTIMONY SUBMITTED TO THE SUBCOMMITTEE, PERHAPS THE LARGEST PROBLEM DOL HAS IN SERVING THE WOMEN VETERANS POPULATION IS THE "LONG STANDING LACK OF INFORMATION ABOUT THE GENERAL WELFARE OF WOMEN VETERANS."

Through its demonstration programs, special labor studies, and public forums, the United States Department of Labor has attempted to expand its knowledge of the welfare of women veterans especially as it may pertain to employment and training concerns. Most of our knowledge in this regard has been gained through funding training programs which, in addition to provide services, seek to develop a greater understanding of the employment and training issues of women veterans. For the past few years we have funded a special study through the Bureau of Labor Statistics which examines the participation of all veterans in the workforce. We have tried to raise a wider appreciation of and a broader sensitivity to the issue by sponsoring two Women Veteran forums during the past two years and we examined the issue in our "Workforce 2000 and America's Veterans" forum held in Washington, D.C. last spring.

Finally, through reports provided by the State Employment Security Agencies (SESAs), the USDOL routinely tracks services provided to women veterans through the DVOP and LVER grants.

QUESTION 10

WHAT PERCENTAGE OF TOTAL JOB TRAINING PARTNERSHIP ACT PARTICIPANTS HAVE BEEN WOMEN VETERANS?

In Program Year 1987 (July 1, 1987 to June 30, 1988) it is estimated that of the 60,900 veterans served by JTPA Title IIA funds, 6 percent were women.[1] Of the approximately 19,800 veterans served by JTPA Title III during the same period 2 percent were women.[2] Because women veterans are now specifically targeted by the veteran-dedicated program of JTPA, by the end of Program Year 1989 we will definitively know the number served under JTPA Title IVC.

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[1] Job Training Quarterly Survey: JTPA Title IIA and III Enrollments and Terminations During The First Half Of PY 1988 (July-December 1988), U.S. Department of Labor, Division of Performance Management and Evaluation, Office of Strategic Planning and Policy Development (June 1989), page 36.

[2] Ibid, page 54.

QUESTION 11

WHAT IS THE CURRENT STATUS OF THE TRANSITION MANAGEMENT PROGRAM? WHAT ARE THE RESULTS OF THIS PROGRAM?

The DOL's Transition Management project is currently under development and is scheduled for pilot implementation late in Fiscal Year 1989 (October 1, 1989 to September 30, 1990). Pilot testing are anticipated to take place at seven sites: four military separation centers and three military hospitals.

Several programs which deliver employment assistance to separating servicemembers are being evaluated toward the development of a Transition Management model. The program which was completed last program year at Fort Bragg, North Carolina, yielded limited and inconclusive data regarding women veterans.

QUESTION 12

WHEN WILL THE JTPA DEMONSTRATION AND IV-C PROGRAMS REFERRED TO ON PAGE 10 OF THE DEPARTMENT'S PREPARED STATEMENT BE COMPLETED AND EVALUATED? WILL INFORMATION ON THE RESULTS OF THESE PROGRAMS BE SUBMITTED TO THIS COMMITTEE?

The JTPA IVC demonstration projects which have been developed to provide a variety of employment and training interventions to women veterans will be completed December 31, 1989.[3] The evaluation of these projects will be finalized by April 30, 1990. Copies of this evaluation will be submitted to the Committee upon completion.

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[3] Although originally intended to be completed on June 30, 1989, most programs were extended to continue until late fall or the end of the calendar year.

Vietnam Veterans of America Inc
2001 S St NW
Suite 700
Washington DC 20009-1125

July 24, 1989

Honorable G.V. (Sonny) Montgomery , Chairman
House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, D.C. 20515

Dear Chairman Montgomery:

This will respond to the follow-up questions submitted through you by Subcommittee Chairman Lane Evans and arising from the Oversight and Investigations Subcommittee hearing of June 22. First of all, allow me to apologize for the delay in responding. As you may have guessed, my regular professional responsibilities are quite demanding of time that might otherwise have been devoted to a more timely response. In any event, the responses to your questions are as follows:

1. Your prepared statement refers to uninformed, disinterested or inaccessible staff members who have been appointed women veterans coordinators. How many uninformed, disinterested or inaccessible women veteran coordinators are there? Can you identify the facilities at which this condition exists today?

The information presented in the prepared statement was based on responses of our women veteran members who use DVA facilities for their service connected disabilities and DVA personnel in Massachusetts, New York, Connecticut, Virginia, Ohio, Wisconsin, Illinois, Arkansas, California and Washington. The specific names of individuals and facilities are not immediately available. The purpose of making the statement was to apprise the Committee that while the paper trail indicates that the women veterans coordinators have been appointed, there is no "quality assurance" for the program. In instances where there are local advisory groups of women veterans, there is more satisfaction, progressive programs and effective outreach. VVA has repeatedly recommended that more formalized methods, such as the appointment of women veteran coordinators in all DVA Regional Offices, would improve the effectiveness of the efforts for women veterans.

2. What should be done to increase the use of Vet Center services by women veterans?

The initial interest in outreach to women veterans seems to have waned. The publication of pamphlets, posters and bumper stickers is self limiting. We have not seen organized local efforts to contact women veterans. In some areas, accurate records of women veterans are maintained by state agencies but not shared with the federal DVA. The recent Congressionally mandated readjustment study of Vietnam veterans compiled a list of over 5,000 women Vietnam veterans. However, the DVA Women's Working Group which is tasked with outreach to this veteran population had no knowledge of the list. It seems logical that the list be shared for the purpose of informing these women of the services available to them. Nonetheless, the emphasis in Vet Centers is on the "combat veteran" which is both appropriate and cost effective since the majority of the client population is male. However, it is questionable if this atmosphere is inviting or conducive to women veterans for several reasons. The RTI study indicates that 85% of the women in military service during war were enlisted but 87% of

the women actually stationed in Vietnam were nurses. There are many obstacles for nurses to seek treatment for "psychological problems" because some state laws do not allow individuals with physical or mental problems to practice this profession. It is usually grounds for removal of a nurse's license. Additionally, the atmosphere of the Vet Centers may be very traumatic or anxiety producing for these women. We now know that the stressors experienced by women were just as traumatic as that experienced by men but it was different. Discussing combat actions may be therapeutic for men but discussion of poignant precipitating episodes of depression and anxiety would be for women. A formalized program with accountability for results in outreach and education of the public and DVA personnel about all women veterans would increase utilization by individuals eligible for services. Finally, the decor of Vet Centers could be made more conducive to women veteran's sensitivities.

> 3. On page nine, your prepared statement refers to the greater awareness of VVA in the increasing number of deaths of women who served in Vietnam. Please compare the rate of death for women veterans who served in Vietnam with Vietnam era women veterans who did not serve in Vietnam and their nonveteran women peers?

Unfortunately, no one has thought the subject of death rates in women veterans to be of sufficient importance and these statistics are not available. If the study mandated by Congress in 1984 had been done, we would no doubt have the important answers to your questions. In any event, a few of the diseases suspected of causing increased mortality among women Vietnam veterans are Auto-immune suppressive coloagen and lymphatic diseases, Lukemia, Lupus, Erythematosus and Ovarian cancer.

> 4. On page three, your prepared statement discusses maintaining progress which has been achieved in the face of pressing financial needs. That statement refers to reduced or eliminated discretionary care. Would you favor providing care to all women veterans if only category "A" male veterans were receiving care? Would that be equitable?

Vietnam Veterans of America has always supported the policy of providing care to service connected disabled veterans. Because there is suspicion that women veterans may have increased susceptibility to cancer, we believe that DVA should offer diagnostic and screening programs for this particular disease process regardless of the eligibility criteria until conclusive evidence about the prevalence is established. Such diagnostic services would be akin to a study of an "at risk" population much like the Agent Orange Screening Programs.

Sincerely,

Jill A Mishkel

Jill Mishkel

AUG 2 1989

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

OFFICE OF THE DIRECTOR

AUG - 1 1989

Honorable G. V. (Sonny) Montgomery
Chairman
Committee on Veterans' Affairs
U.S. House Of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

This letter transmits our responses to the follow-up questions submitted by the Honorable Lane Evans after the hearing of June 22, 1989, on benefits and services to women veterans.

Thank you for this opportunity to provide OPM's views.

Sincerely,

Constance Berry Newman
Director

Enclosure

QUESTIONS SUBMITTED BY HONORABLE LANE EVANS
FOLLOWING HEARING OF JUNE 22, 1989, CONCERNING
WOMEN VETERANS

1. Q. Which Federal agencies employ the most women veterans? Which agencies employ the fewest women veterans? How many women veterans are employed by OPM? What percent of the OPM workforce is comprised of women veterans?

A. The following table shows the federal agencies that employ the most and fewest women veterans. As of September 30, 1988, OPM employed 76 women veterans, comprising 1.1 percent of OPM's total workforce.

WOMEN VETERANS IN THE FEDERAL AGENCIES AS OF SEPTEMBER 30, 1988

AGENCY	TOTAL EMPLOYEES	WOMEN VETERANS	
		#	% OF TOTAL EMPLOYEES
Total	2,145,745	33,136	1.5
Defense Department	1,012,568	19,486	1.9
Army	355,527	7,831	2.2
Navy	323,385	5,212	1.6
Air Force	237,915	5,042	2.1
Other Defense Activities	95,741	1,401	1.5
Veterans Administration	249,830	6,371	2.6
Treasury	163,404	1,604	1.0
Health & Human Services	122,304	1,155	0.9
Agriculture	129,636	758	0.6
Transportation	63,536	753	1.2
Justice	76,927	587	0.8
Interior	79,209	551	0.7
Commerce	36,509	252	0.7
General Services Administration	19,905	245	1.2
Housing & Urban Devt.	13,325	188	1.4
Labor	17,831	158	0.9
Energy	17,051	143	0.8
Natl. Aeronautics & Space Admin.	23,368	123	0.5
State	16,280	104	0.6
Environmental Protection Agency	15,613	84	0.5
Office of Personnel Management	6,779	76	1.1
Equal Employment Opportunity Comm.	3,172	49	1.5
Small Business Administration	4,571	46	1.0
Federal Deposit Insurance Corp.	8,257	43	0.5
General Accounting Office	5,592	36	0.6
Smithsonian	4,980	32	0.6
Education	4,697	30	0.6
Government Printing Office	5,156	28	0.5
U.S. Information Agency	5,274	22	0.4
Federal Emergency Mgmt. Agency	3,860	17	0.4
Natl. Archives & Records Admin.	3,382	17	0.5
Nuclear Regulatory Commission	3,478	15	0.4
U.S. Intern. Devt. Cooperation Agy	3,755	14	0.4
Federal Communications Comm.	1,881	14	0.7
U.S. Soldiers' and Airmen's Home	1,057	12	1.1
Railroad Retirement Board	1,867	10	0.6
Natl. Labor Relations Board	2,390	10	0.4
All Other Agencies[a]	18,491	103	0.6

[a] Agencies with less than 10 women veterans. This includes 9 employees at the N.S.F. and S.E.C.; 8 at the Pension Benfit Guaranty Corp; 6 each at the Natl. Foundation on the Arts & Humanities, Peace Corps, and U.S. Intern. Trade Comm.; 5 each at Action, F.h.L.B.B., N.S.P.B., Natl. Credit Union Admin., and U.S. Export-Import Bank; 3 each at N.T.S.B., S.S.S., I.C.C., F.T.C., and Commission on Civil Rights; 2 each at Panama Canal Comm., Natl. Security Council, Federal Maritime Comm., Intern. Boundary & Water Comm.:U.S. & Mexico, Fed. Mediation & Conciliation Service, and Federal Labor Relations Authority; and 1 each at the U.S. Arms Control & Disarmament Agency, O.N.B., Farm Credit Admin., Intern. Joint Comm.: U.S. & Canada; Federal Election Comm., Consumer Product Safety Comm., and Office of Science & Technology Policy.

2. Q. What specific actions has OPM taken to encourage more employment of women veterans by those agencies which employ the fewest women veterans?

   A. OPM has taken a number of specific actions to encourage more employment of all veterans, including women veterans, with a focus on those agencies which employ the fewest veterans. The actions include:

   - Expanding recruiting and outreach activities through "Career America," including issuing high quality veterans employment brochures and flyers to agency management officials and veteran job applicants.

   - Producing a videotape promoting employment of disabled veterans and people with disabilities.

   - Conducting quarterly meetings with veteran service organizations' employment directors.

   - Providing current job information to veterans through OPM's Federal Job Information Centers.

   - Participating in regular meetings and annual Washington conferences and national conventions of veterans' service organizations.

   - Participating in the Department of Labor's Secretary's Committee on Veterans Employment and the Committee on Disabled Veterans of the President's Committee on Employment of People with Disabilities.

3. Q. How many women veterans have been employed by the Government using VRA appointments? How many of these women veterans are employed today?

   A. Of the approximately 300,000 VRA appointments made since the program was initiated in FY 1970, approximately 7.9 percent, or 23,700, were women. Of the 23,700 women VRA appointees, we estimate that 17,800 continued their Federal employment after leaving the VRA Program.

4. Q. What is the distribution of women veterans hired under VRA by GS level of employment?

   A. The following table shows the distribution of women hired under the VRA during FY 1988 by General Schedule (white-collar) and Wage Grade (blue-collar) grade levels.

TOTAL AND VETERANS READJUSTMENT APPOINTMENTS BY PAY PLAN AND GRADE (FISCAL YEAR 1988)

Category	Total New Hires	All VRA Hires a/ #	% of Total	Disab.	Minority VRA Hires b/ #	% of VRA	Disab.	Women VRA Hires #	% of VRA	Disab.
Total, All Pay Plans	350,177	10,842	3.0	1,087	4,040	38.2	378	671	6.3	51
Total, General Schedule	244,812	5,798	2.4	782	2,003	34.7	262	359	6.6	48
GS- 1	9,882	22	0.2	6	16	72.7	5	2	9.1	-
GS- 2	29,166	105	0.4	10	46	43.8	4	9	8.6	1
GS- 3	57,257	1,395	2.4	162	640	46.0	65	170	12.2	7
GS- 4	58,662	1,721	2.9	216	630	36.7	84	234	13.6	25
GS- 5	35,498	1,003	2.8	136	347	34.6	48	102	10.2	7
GS- 6	5,880	205	3.5	25	63	30.7	8	12	5.8	-
GS- 7	19,994	548	2.7	91	118	21.6	22	18	3.3	2
GS- 8	704	65	9.2	9	17	26.2	-	1	1.5	-
GS- 9	11,252	732	6.5	107	126	17.3	26	11	1.5	4
GS-10 and above	16,507	-	-	-	-	-	-	-	-	-
Total, Regular Nonsupervisory	42,781	4,666	10.9	311	1,994	43.1	113	97	2.1	5
WG- 1	9,710	1,257	12.9	105	710	57.9	39	28	2.2	3
WG- 2	7,382	489	6.6	33	284	58.8	18	14	2.9	-
WG- 3	4,539	184	4.2	9	91	49.7	4	2	1.1	-
WG- 4	3,385	331	9.8	26	124	37.5	6	9	2.7	-
WG- 5	5,629	1,005	17.9	49	434	43.2	18	24	2.4	1
WG- 6	1,199	241	20.1	15	98	40.7	7	6	2.5	-
WG- 7	2,077	245	11.8	22	69	28.2	9	4	1.6	-
WG- 8	4,182	687	16.4	39	132	19.2	11	8	1.2	1
WG- 9	1,417	199	14.0	11	46	23.1	1	2	1.0	-
WG-10	2,824	27	0.9	1	6	22.2	-	-	-	-
WG-11	452	1	0.2	-	-	-	-	-	-	-
WG-12 and above	105	-	-	-	-	-	-	-	-	-
All Other Pay Plans	62,574	180	0.3	14	43	23.9	3	15	8.3	-

a/ Includes new hires and conversions into the VRA program.

b/ Employees with unspecified minority group are excluded from the base in calculating percent minority.

c/ Less than 0.05%.

Source: U.S. Office of Personnel Management's Central Personnel Data File (CPDF).

U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

JUL 31 1989

Honorable G. V. (Sonny) Montgomery
Chairman
Committee on Veterans' Affairs
House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Administrator Engeleiter has asked me to reply to your recent letter concerning the Small Business Administration's (SBA) outreach to women veterans. As you requested I am providing the answers to the questions submitted by the Honorable Lane Evans consecutively on the enclosed sheet.

Thank you for your interest in the SBA and in our veteran constituents. I hope that I have adequately answered your questions.

Sincerely,

Leon D. Bechet
Acting Director
Office of Veterans Affairs

Question 1. Has a pilot outreach program for women veterans been developed as recommended by both the National Advisory Committee on Veterans Business Affairs at SBA and the Vietnam Veterans of America?

Response: SBA's Office of Veterans Affairs (OVA) has asked each of its Regional Veterans Affairs Officers (RVAOs) to conduct special emphasis training for women veteran where ever feasible. Regions 6 and 10 took the initiative and conducted pilot conferences in Little Rock and Seattle. Both were very successful although we did not get the large turnout we had hoped for. The Little Rock conference was held June 11, 1988 as part of the statewide Veterans' Appreciation Day, which was cosponsored by SBA's veterans program. Over 50 women veterans attended the 1/2 day conference. This also marked the kickoff in Arkansas for the fund drive for the women veteran statue. Governor Bill Clinton declared that day Women Veterans Day. The Seattle pilot was held in March, 1989 in cosponsorship with the Department of Labor and the Washington State Employment Security Division. About 50 women veterans attended the SBA self employment workshop. Our Seattle office, in November 1988, also cosponsored a Women Are Veterans Too! day with over 100 women veterans attending workshops at the Seattle VA Medical Center. Our base outreach program in Washington has 30% women veteran participation on average.

Question 2. During the last two fiscal years (FY 1987 and 1988) has SBA again turned back money to the Treasury which could have been used in support of programs for women veterans? If so, how much?

Response: During FY 19-87, OVA incurred obligations which exceeded its operating budget by $39,638. In FY-1988, OVA incurred spending obligations of $189,408 less than its operating budget. However, it must be noted that $131,000 in grant proposals to train veterans was pending approval when the fiscal year ended. Due to the long time period it took for SBA to receive acceptable final grant proposals, there was insufficient time for legal clearance and award negotiation prior to September 30th. Thus far in FY-89, nearly all veteran outreach funds already have been obligated. Virtually no funding will remain uncommitted in FY-89.

Question 3. During the Hearing in 1987, the subcommittee learned SBA maintained separate statistics on women and separate statistics on veterans, but no statistics on women veterans. Are statistics on women veterans being maintained today by SBA?

Response: Currently, SBA maintains complete lending and some procurement statistics on women veterans. In the recent past, OVA also has funded research on the economic condition of women veterans. We do not, however, count directly the number of women veterans we train and counsel, even though we maintain separate data on males, females, three categories of veterans, and six categories of ethnic minorities. SBA will investigate the possibility of modifying its software and input forms so that in the future it can print out training and counseling data on women veterans and various subcategories of women veterans.

Question 4: How many women veterans have participated in the entrepreneurial programs sponsored by SBA? What percentage of the participants in these programs have been women veterans? What are the results of these programs for veterans in general and for women veterans specifically?

Response: OVA has not required the Veteran Entrepreneurial Training (VET) grant recipients to maintain statistics on women veterans selected for the VET programs or who completed the programs. OVA has conducted two special emphasis VET programs, one in Atlanta for minority veterans and one in the San Francisco

area for disabled veterans. However, I estimate about 3% to 4% of all VET program participants are women veterans.
I feel the results of the VET program has been exceptional. While many of the programs are still in progress, the results of participant surveys show a very high level of satisfaction with this unique, long-term training approach. The rate of business start up among those who complete the program ranges to nearly 50% depending on the screening requirements and the local economy. In our St. Louis grant, 14 new businesses were created, 86 jobs created or saved with an estimated economic impact of $1.5 million--all this on an $80,000 SBA investment. I feel strongly that the VET grant program is one of the most effective and cost efficient training programs SBA has.

Question 5. Two years ago the subcommittee was told the hiring of ten (10) new Veterans Affairs Officers, one for each of SBA's ten (10) regions would greatly increase the Agency's outreach and educational programs. How have SBA's outreach and educational programs been improved for veterans in general and women veterans specifically? What are the results of improvements in SBA's outreach and educational programs?

Response: The hiring of ten (10) fulltime Regional Veterans Affairs Officers (RVAOs) has boosted veterans outreach greatly. In all prior years for which SBA maintained training data on veterans, as a group veterans never exceeded 8% of all participants in SBA training programs. In 1986, prior to the hiring of the RVAOs, veterans accounted for 7.4% of Agency training participants; in 1987 it grew to 8.9%; and in 1988, the first year all 10 RVAOs had their programs fully functioning, 15.1% of all participants were veterans. In fact, nearly 80% of the entire Agency's growth in training attendance during FY-88 is accounted for by the significant increase in the number of veterans trained by SBA. Also, in FY-88, the veterans program experienced a 213% increase in the number outreach conferences conducted (473 as against 151) over our pre-RVAO high. We do not keep separate data on women veterans attending these conferences but OVA estimates at least 20% are either women veterans or spouses. I have attached a copy of the veterans' program statistical Annual Report which contains a wide variety of information on veteran participation in all major SBA programs.

If you have any further questions, I would be delighted to address them at your convenience. Thank you for your strong leadership on veterans issues and your support of SBA's veterans program.

QUESTIONS SUBMITTED BY CONGRESSMAN LANE EVANS

FOR MS. CALDWELL

OVERSIGHT & INVESTIGATIONS HEARING
6/22/89

1. WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR RECEIVING LONG-TERM CARE AND PTSD AND READJUSTMENT COUNSELING SERVICES PROVIDED BY THE STATE OF NEW JERSEY?

   1. Person must be a veteran of any war period.

   2. One of the 18 Veteran Service Officers (V.S.O.'s) will initially see the veteran at his/her office, and will make the referral to a contracted clinician. The clinician may be a psychiatrist, psychologist, or master's prepared social worker (MSW).

   3. The clinician will be paid for three sessions, one hour each, to come up with a complete evaluation and a written treatment plan. The rate per hour paid to the clinician is commensurate with the level of education.

   4. Once the treatment plan is made, there is no restriction on the length of time for treatment. It may last from a few weeks to a few years.

   5. Treatment may be on an individual or a group basis, and the family of the veteran (or the significant other) can also be included in the counseling process.

   The Division of Veterans Administrative Services operates three modern, long-term care nursing homes located in Paramus, Menlo Park and Vineland. The facilities are open to veterans who served on active duty and who were honorably discharged, to the veteran's spouse, and to parents of members of the military killed in action during a period of war. Preference is given to applicants who were state residents for at least two years immediately prior to application for admission. Members pay according to ability based on income. Applicants must show they are without sufficient financial ability to provide for their support and care in the community. In addition to that financial support requirement, a wife or widow must be at least 50 years of age and must have been married to the veteran for a period of not less than 10 years.

   Resident accommodations are assigned based on care required and availability, and are either private, semi-private or four-bed rooms, each equipped with a nurse call system.

2. YOUR PREPARED STATEMENT REFERS TO A TRANSITIONAL HOUSING PROGRAM FOR HOMELESS VETERANS. PLEASE PROVIDE ADDITIONAL DETAILS ON THIS PROGRAM.

   I have enclosed a one-page summary on the Veterans Transitional Housing Project which was prepared by the Director of the Division of Veterans' Loans, Grants and Services, Mr. William G. Kowalski. This is a very new program in New Jersey and is, in fact, still in the planning stages. If you need any additional information on either the PTSD Program or this Transitional Housing Program, you may contact Mr. Kowalski at 609-984-6965.

VETERANS TRANSTIONAL HOUSING PROJECT SUMMARY

The Veterans Transitional Housing Project (VTHP), is a temporary housing demonstration program which is based upon coordinating existing services and resources (federal, state, and private non-profit) for veterans who have demonstrated an inability to maintain and/or retain permanent housing for an extended period of time, or who have recently become deinstitutionalized from a medical facility and lack housing resources in their county of origin.

Eligibility is limited to veterans who are residents of Salem, Cumberland or Gloucester Counties or have been a resident of one of those counties prior to entry into a medical facility. Veterans must have a favorable discharge (honorable or general under honorable conditions), or be eligible for VA benefits if they have a lesser discharge.

The Project will give priority as follows: 1) Vietnam Combat Veterans, 2) Vietnam Theatre Veterans, 3) Vietnam Era Veterans, 4) Other Veterans.

Referrals for services will be accepted from the Veterans Administration, State Veterans Service Offices in Cumberland, Salem and Gloucester Counties, and municipal welfare offices in the tri-county area.

The purpose of the VTHP is to assist homeless veterans in improving their social skills and developing appropriate independent living skills leading to self-sufficiency. The services to be provided to facilitate their move to independent living fall into six major categories: psychological services, social skills development, housing, appropriate life skills, transportation, and other supportive services (health screening, employment/vocational assessment, counseling, training and placement, veterans benefits counseling, legal services). Needs evaluation for support services will be developed by the client and the counseling agency administering services (Vet Center, VA Social Work Services) together with the Project Coordinator and will be based upon individual interviews and the results of screenings.

Eligibility determinations, rating of applicants and selection for participation in the project will be the responsibility of the Veterans Transitional Housing Project Committee.

Participants will receive temporary housing (6-24 months) in studio/efficiency units of the transitional housing project. Participants will pay 30% of their gross income towards their rent and utilities. A successful graduate will obtain a 6-month assistance grant or loan from the Homelessness Prevention Program (if required) to aid in permanent housing placement. Rental Assistance will be available for eligible participant graduates.

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

AUG 28 1989

AUG 28 1989

Honorable G. V. (Sonny) Montgomery
Chairman, Committee on
Veterans' Affairs
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

Enclosed please find the Department's responses to questions raised by Representative Lane Evans following the June 22, 1989, hearing on the status and concerns of women veterans. A copy of these responses has been provided to Representative Evans.

Sincerely yours,

Edward J. Derwinski

Enclosure

cc: Honorable Lane Evans

CONGRESSMAN EVANS

Question: 1. Concerning equitable access to Department benefits and services for women veterans, in 1987, Dr. Gronvall testified the job had not been done and there was much to do. What specifically has the Department done during the last two years to improve equality of access, awareness and utilization of benefits by women veterans? What data suggest these efforts have been successful? Has the job now been done? What else needs to be done?

Answer: Dr. Gronvall was referring, in part, to attitudes that exist in society and also in some VA staff about equality of the sexes. These attitudes influence access to benefits when they are held and acted upon by people anywhere in the chain administering these benefits. This will be a continuing "job" for the Department of Veterans Affairs as long as one person believes or acts as though he/she believes that women don't belong in the military or that somehow their service is inferior to that of men. Since 1987, VA has continued to use women in illustrations of veterans, to refer to veterans as both male and female in literature, and to call attention to equity in publications and outreach efforts. Some proposed legislation has been opposed because it did not provide equity in benefits (procreative services only for male veterans.) While there is little data available to address the issue, more women are using VA facilities (23,549, or 2.2% of all patients in 1988 compared with 20,251 or 1.96% in 1985). Although GAO ascertained that VA had implemented all the recommendations made to the Department about equal access for female veterans, the Department position is that constant vigilance is necessary to assure equity on a continuing basis.

Question: 2. Are all women veterans eligible for complete physical examinations including gynecologic exams and mammograms? Are these services available and provided system wide to all women veterans who request them?

Answer: Not all women veterans are eligible for complete physical exams. Eligibility for any health care, including hospitalization and outpatient treatment, among other benefits is determined when the veteran, male or female, applies for care. If hospitalization is required and the veteran is determined to be eligible, a complete physical examination is done on admission. For women veterans, this physical exam includes both gynecologic and breast examinations. Mammography may be ordered if indicated. If outpatient treatment is needed and the veteran is eligible for it, examinations may be limited to the complaint. However, referral to gynecologic services may be made when that is indicated. All medical centers provide gynecologic care. Mammography is available to any patient with a breast lesion. Screening mammography, a preventive health service, is not available at every medical center.

Question: 3. In her testimony, Admiral Shea-Buckley noted, "There are still some areas in older medical centers where the lack of privacy for women veterans still has not been resolved." This is a basic issue. When will it be resolved by the Department?

Answer: Some of the older medical centers have areas where the privacy provisions are not up to modern standards for either males or females. The correction of these inadequacies depends upon the availability of, and competing priorities for, funding for capital improvements and/or replacement facilities. However, the fact that women cannot be accommodated on every ward in a medical center does not mean that they cannot be accommodated in every program. Therefore, this does not appear to a major issue.

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Question: 4. According to the July, 1988, Report of the Advisory Committee, "Adequate and equal patient care facilities are unavailable for women patients..." And women participating in substance abuse programs were berthed in an area outside the Rehabilitation Unit in some medical centers. Does this condition still exist? When will it be corrected?

Answer: It is the policy of the Department of Veterans Affairs to continually refine our facilities for the treatment of female veterans and to provide adequate bed resources on appropriate treatment units. These efforts will continue as fiscal resources become available and we become aware of specific problem areas. In some places, this situation where women are physically berthed off the treatment unit may be the preferred choice of available options. During the May 1989 meeting of the Advisory Committee, one member reported on a VA medical center where the women felt that for security reasons, they should be housed on a ward where females were in the majority instead of on the substance abuse unit where they felt insecure since there were only 2 to 4 women on a 40-bed unit. In situations where security is an issue, VA will house female veterans where their safety can be assured. This may mean "berthing" them away from the primary treatment area. It should be noted that the report of the Advisory Committee cites accessibility for women veterans to substance abuse programs in the VA as "commendable."

Question: 5. Public Law 99-272 mandated the Department to provide for an epidemiologic study of women veterans who served in Vietnam. In October, 1986, a contract was awarded to the New England Research Institute to design the protocol for this study. What is the current status of this study?

Answer: On June 23, 1989, during a meeting of VA staff with staff members of the House and Senate Committees on Veterans' Affairs and with representatives of the Congressional Office of Technology Assessment, the Chief Medical Director (CMD) advised that the process of developing a protocol and the subsequent review process has led the Department to ~~arrive at~~ the conclusion that it is probably not feasible to conduct a scientifically valid epidemiologic study of women Vietnam veterans as required by Public Law 99-272. The CMD proposed three possible alternatives which will be reported to Congress in December 1989 following the October 1989 meeting of the Advisory Committee on Women Veterans. The possible alternatives as outlined by the CMD are as follows:

- Use the findings and statistical database of the National Vietnam Veterans Readjustment Study. The purpose of this expanded analysis of that database would be to do a more indepth assessment of other psychological outcomes in addition to Post-Traumatic Stress Disorder (PTSD). The timeframe for this activity is contingent upon negotiations between the Department and the Research Triangle Institute (RTI) for amending the current contract.

- Comply with the "gender-specific" requirements of Public Law 99-272 by expediting the conduct of the VA's Women's Vietnam Veterans Mortality Study. Target dates for accomplishing this activity are projected as follows:

  December 1989 - Data analysis to be completed
  April 1990 - Peer review of the study's findings to be completed
  Fall 1990 - Publication of the study in a scientific journal

- Explore possibility of conducting a "reproductive outcomes" study following publication of next update of Morbidity Study component of U.S. Air Force's Health Study of Ranch Hand Participants. Projected publication of this update is anticipated on or about second quarter 1990. If the study's results indicate that there is a difference in reproductive outcomes between Ranch Hand participants and controls, then the VA would consider the feasibility of undertaking the conduct of a reproductive study of women Vietnam veterans.

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Question: 6. The Survey of Women Veterans conducted for the Department by Louis Harris and Associates reported the lifetime prevalence of cancer among women veterans (9%) to be nearly twice the rate found in the general population of adult women (5%). What actions have been taken by the Department in response to this finding? What future actions are planned? Have the methodology and findings of this study been reviewed and validated?

Answer: The summary report pointed to a possible difference in the lifetime prevalence rates of cancer for women veterans compared to their non-veteran counterparts. Lifetime prevalence rates are not available for the general population. An attempt was made to estimate these rates for women from existing incidence and prevalence rates and to use one other population survey for comparison. Since the number of women veterans with cancer in the survey conducted by Louis Harris was so small, it was impossible to say if the difference in the rates between women veterans and women in the general population was real or a function of the small numbers. Some further analysis has been done and was included in a paper entitled, "Lifetime Prevalence of Cancer Among Women Veterans", written by Stephen J. Dienstfrey, Office of Management Information and Statistics and John M. Boyle, Louis Harris and Associates (the contractor for the survey). Unfortunately, the Survey of Female Veterans did not elicit information on the behavioral correlates of cancer such as diet, tobacco and alcohol use. A new Survey of Female Veterans is planned for 1992 and the issue can be re-examined at that time. (The Vietnam experience study has raised serious questions about the validity of individuals' perceptions about their health status elicited by questionnaire, such as occurs in population surveys, and the actual evidence of diseases as documented by medical records review.) There are efforts underway to evaluate the data included in the Patient Treatment File on women veterans being treated for cancer. In the meantime, the Department is treating the findings as a serious concern. The VA National Oncology Education Program scheduled for FY 1990 includes a presentation on Malignancy in Women Veterans, to increase the awareness of caregivers in the field about these findings. Medical centers are being encouraged to offer mammography and other cancer detection services to women veterans seeking care.

Question: 7. What impact has the curtailment of discretionary care had on the provision of health care services to women veterans? It has been suggested that gender-specific care for women veterans may be eliminated by the Department because of the smaller number of women veterans who have service-connected disabilities. What is your response?

Answer: There is no data available at this time on the impact that the curtailment of discretionary care has had on the provision of health care services to women veterans. However, the Department is committed to providing equitable access to care to eligible veterans, both men and women. This has not changed. Gender-specific care will not be eliminated.

Question: 8. According to testimony presented to the Subcommittee, visits by women veterans to Vet Centers constituted only one (1%) percent of the use of those services last year. Why are women veterans not using Vet Centers? What actions have been taken by the Department to increase the use of Vet Center services by women veterans?

Answer: The source of the figure of 1 percent for women veterans' usage of Vet Centers is not clear since the DVA did not collect gender-specific data on Vet Center clients in FY 1988. The most recent available data was for FYs 1980 through 1984. According to an independent review by the General Accounting Office of the database for that period, the data showed that "approximately the same percentage of female veterans came to Vet Centers as served during the Vietnam Era" (page 24, GAO Report #HRD-87-63, August 1987). There is no reason to suppose that the percentage of women veterans among Vet Center clients has declined in recent years, and

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there is one important reason to think that it may have remained at the same level or increased, namely the very high levels of women staffing of Vet Centers which were documented by a staffing survey of May 1, 1989. That survey revealed that of staff at work on May 1, 1989, 10 percent of Vet Center team leaders were women, and 14 percent of counselors were women, as contrasted to the facts that 3.2 percent of Vietnam Era veterans and 0.23 percent of Vietnam theatre veterans were women. With these unusually high levels of women staffing in Vet Centers, it is our view that the utilization of Vet Centers by women veterans probably continues to be at least as high as the rate at which they are represented in the target populations of Vietnam Era and Vietnam theatre veterans. Utilization of services by women veterans is continuously promoted by the activities of the Readjustment Counseling Service Special Women Veterans Working Group, which makes recommendations to management about services to women veterans on an ongoing basis.

Question: 9. How are the results of reports, such as the report on "Female Veterans' Usage of VA Hospitalizations" used by the Department? How are the reports issued by the Advisory Committee used by the Department?

Answer: Statistical reports are used for planning purposes both in Central Office and at the local level. Copies of all statistical reports related to women veterans, as well as the Advisory Committee reports, are sent to the Women Veterans Coordinators. The VHS&RA (ex-officio) member of the Committee is responsible for the Committee staff work and circulates the Committee report to the offices responsible for activities covered in the recommendations for comments and/or implementation, and feedback to the Committee.

Question: 10. What type of outreach to women veterans has proven most successful?

Answer: No formal evaluation of outreach has been carried out. However, several approaches have appeared to be effective and popular. Word-of-mouth "advertising" from satisfied patients has been effective locally, particularly when combined with local salutes to women veterans. Early efforts concentrated on reaching the members of veterans service organizations through presentations and information packets. Public service announcements for television got some coverage particularly during National Women Veterans Recognition Week, the week in November which includes Veterans Day, proclaimed yearly since 1984. Almost 100,000 copies of the pamphlet, "Women Are Veterans too!" have been distributed, as well as 50,000 copies of the poster recognizing women veterans. A bumper sticker, produced by the Noncommissioned Officers Association, was also very popular.

Question: 11. How many conferences and workshops were conducted last year for women veteran coordinators? How many coordinators attended these conferences and workshops? How many conferences and workshops will be conducted this year?

Answer: Two regional conferences have been held in the past year: Great Lakes Region in Ann Arbor in September 1988 was attended by approximately 30 coordinators, and the Midwestern Region in Minneapolis in May 1989 was also attended by approximately 30 coordinators. At least three districts have also held meetings for their coordinators. A request for funding for another national conference has been submitted for FY 1990.

Question: 12. How many women veteran coordinators spend less than one-half of their time on coordinator responsibilities? Less than one-quarter of their time?

Answer: No information is available on the designation of time of appointed coordinators. However, we are aware of only one coordinator who has a full-time position. The coordinator at Minneapolis spends half her time on coordinator responsibilities at the medical center and half-time at the district level.

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Question: 13. Is performance as a women veteran coordinator evaluated? Have any women veteran coordinators been judged to be doing less than a satisfactory job as a woman veteran coordinator? If so, what remedial action was taken?

Answer: The position is not a centralized position so evaluations are done at the local level by the individual's supervisor. We have no information on those evaluations.

Question: 14. How many local women veteran advisory committees have been established?

Answer: No data exists on the number of local advisory committees which have been established.

Question: 15. Are women veterans in general more or less likely to use DVA medical services than the general population of male veterans? Are women veterans who have a service-connected disability more or less likely to use DVA medical services than male veterans with a service-connected disability?

Answer: Women veterans are less likely to use DVA medical services than the general population of male veterans. Only 10 percent of female veterans have ever stayed overnight or longer as a patient in a VA hospital, as opposed to 21 percent of male veterans. Preliminary Survey of Veterans (SOV) III data show similar utilization rates for women and men veterans with service-connected disabilities. These data are not yet available for release according to staff of the VA Office of Information Management and Statistics.

Question: 16. Admiral Shea-Buckley reported there has been a reduction in complaints by women veterans. This was attributed to the presence of women veteran coordinators. Please provide specific information on any change in the number of complaints received from women veterans.

Answer: No count is kept on the number of complaints received from women veterans in the Department. Admiral Shea-Buckley's remarks were based on informal contacts with other Committee members, VA personnel, and various veterans and veterans' groups she has visited as a member and now as Chair of the VA Advisory Committee on Women Veterans.

Question: 17. Please describe all the data on women veterans maintained by the Department.

Answer: The Department maintains the following data on women veterans as computer printouts:

RCS 20-0237, Tables 5 - 8 (Compensation & Pension)
COIN CP 501 (Unemployability)
RCS 24-17, Table 4 (Education - Chapter 34)
COIN EDU 704 (Education - Chapter 32)
COIN EDU 704 (Education - Chapter 30)

The Statistical Policy and Research Service develops, maintains, or has access to the following files which have information on female veterans for the Department:

Veteran Population Model
1980 Census Microdata Public Use Files
1983 Survey of Aging Veterans
1984 Survey of Female Veterans
1987 Survey of Veterans (SOV III)
1988 Survey of Disabled Veterans - Available late 1989
1988 Survey of Medical System Users - Available late 1989
Patient Treatment File
Outpatient File
Compensation and Pension Mini-Master File
Selected Current Population Survey Tabulations (Hard copy only)

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The Department maintains the following publications from Statistical Policy & Research Service which have female data:

Veteran Population - Published semiannually in April and October. Estimates of the number of living veterans by period of military service, state of residence, sex, and age.

Data on Female Veterans - Most recent publication is for FY 1986. Contains statistical information on female veterans relating to population, health care, and compensation and pension.

Selected Compensation & Pension Data, by State of Residence - Published annually for each fiscal year. Caseload, degree of disability, sex, period of service, age, type of law information, type of major disability, beneficiary and average monthly benefit for the Compensation & Pension programs for each state, Puerto Rico, Philippines, and all other foreign combined.

Disability Compensation, Pension & Death Pension Data - Published for end and middle of fiscal year. Displays data items by period of service and sex, degree of disability, unemployability, type of disability, aid and attendance, housebound, special monthly compensation & dependency, and dependency status.

New Projections of the Veteran Population: A Review of the Data - Findings from the 1986 series of veteran population estimates and projections which cover the years 1980 to 2030. Data are shown by state and for selected ages and periods of service. (Soon to be updated.)

Veteran Population in the United States and Puerto Rico by Age, Sex, and Period of Service: 1970 to 1985 - Presents estimates of the number of veterans in the United States and Puerto Rico from 1970 to 1985, by age, sex, and period of service.

State Profiles of the Veteran Population: Statistical Portraits from the 1980 Census - Presents a variety of demographic and socioeconomic data on veterans living in each of the 50 states and the District of Columbia using 1980 Census results.

Veterans in the United States: A Statistical Portrait from the 1980 Census - Presents basic demographic and socioeconomic measures, such as the number of veterans by age, sex, race, period of service, marital status, educational attainment, labor force status, and income using 1980 Census results.

Female Veterans' Usage of VA Hospitalization - Presents data on female hospital usage by marital status, geographic distribution, and length of stay and includes a detailed discussion of service-connected disability status. When possible, comparisons are made between male and female veteran data.

Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans - Summarizes the findings of a face-to-face interview survey of 3,003 female veterans. Data collected include demographic and socioeconomic information, health status, medical services utilization and health care coverage, attitudes and experiences concerning VA hospital care, and use of and satisfaction with veterans' benefits and services.

Female Veterans' Usage of the Post-Korean Conflict GI Bill - Examines the use of education benefits by female veterans. Comparisons between men and women are made with regard to their program participation rates and entitlement qualification, and amount of entitlement earned and used.

Profile of Veterans Administration Extended Care Programs: 1974-1986 - Contains information on the social, demographic, and medical characteristics and the costs of care for patients in VA domiciliaries, VA nursing homes, community nursing homes, and state home facilities.

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Survey of Aging Veterans: A Study of the Means, Resources and Future Expectations of Veterans Aged 55 and Over - Summarizes the findings of a personal interview survey of 3,013 veterans 55 years old and over. Data collected include demographic and socioeconomic information, health status, health insurance and medical services utilization, use of and satisfaction with veterans benefits and services, and future expectations of aging veterans.

Chart Book on Black and Hispanic Veterans: Data from the 1980 Census of Population and Housing - Presents a variety of demographic and socioeconomic data on black and Hispanic veterans in both graphic and tabular form using 1980 Census results. Topics include age, sex, marital status, educational attainment, employment status, income, and geographic distribution.

Veterans with Less than Two Years of Active-Duty Military Service - Statistical brief designed to acquaint users of veteran population data with a special group of post-Vietnam era veterans who have been excluded from the VA's official veteran population figures. Presents data by age and sex for March 1981 to March 1985.

1979 National Survey of Veterans - Summarizes the findings of a personal interview survey of 9,929 veterans conducted for the VA by the Bureau of the Census. Data collected include sociological and economic characteristics of veterans, their awareness and their usage of veteran benefits, or reasons for not using them.

Question: 18. Each medical center has been directed to develop a written plan for providing care to women veterans. Does each facility have a written plan and how are these plans evaluated? Is every plan satisfactory? Please describe the review which is conducted to insure that these plans are actually used.

Answer: Following the publication of the GAO report on female veterans in 1982, all VA medical centers were directed to submit written plans for the care of female veterans by June 1, 1983. These plans were reviewed in Central Office at that time and those that were deficient in one or more elements were returned for revision. All plans were judged to be acceptable as of January 1984, at which time the GAO said that VA had successfully implemented all their recommendations. No subsequent evaluation has been done. The VA Systematic External Review Process (SERP) evaluates the program/plan for women veterans during the regular cyclical reviews of individual facilities. Veterans Service Organizations also review the women veterans programs during their periodic medical center on-site management reviews.

Question: 19. How many medical centers have established special women's clinics? How many clinics have been discontinued, suspended or otherwise terminated? How many medical centers currently conduct special women's clinics?

Answer: Since the first special women's clinic was established in Portland in 1985, a number have been set up around the country (Martinez, CA; Minneapolis, MN; and Wilkes-Barre, PA; to name a few). However, no information is available on the total number which have been established. A survey is being planned to elicit this information. We are not aware of any which have been terminated.

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Question: 20. According to Dr. Gronvall's prepared statement, further analysis of the extensive data on women collected as part of the National Vietnam Veteran Readjustment Study could expand knowledge of women's reactions to stresses under hostile conditions. Please describe the further analysis which could be conducted. Would further analysis be conducted by the Department? Does the Department have existing authority to conduct further analysis? Does the Department plan to conduct further analysis?

Answer: A modest amount of further analysis can be conducted by the Readjustment Counseling and Mental Health and Behavioral Sciences Services, based on the data reported to VA by the Research Triangle Institute in the study's final report of December 1988. This report is in the process of being reprinted and distributed to staff in the field, as well as in VACO. Therefore, analysis of data contained within the report is ongoing and occurring at multiple levels. Additional data is present on the computer data tapes from the study, and further analysis of these data will reveal additional information about the experiences of women veterans in Vietnam.

Question: 21. The study of Project Ranch Hand participants has, "failed to produce evidence of significant long-term adverse health effects in the thousands of men examined," according to Dr. Gronvall's prepared testimony. What are the findings of this study? Is the Department suggesting the Project Ranch Hand Study can be substituted for a direct study of possible long-term adverse health effects in women veterans? How many women veterans are included in the Project Ranch Hand Study?

Answer: Findings of the Air Force Health Study are as follows:

A. No group differences for systemic cancer, neurologic assessment, or for current or past psychological or psychiatric illness.
B. No evidence of an increased likelihood of porphyria cutanea tarda in the Ranch Hand group.
C. No group difference for current and past non-malignant skin diseases. No cases of chloracne were diagnosed in the Ranch Hand group.
D. Similarity in the cardiovascular health, renal and endocrine functions between the Ranch Hand and comparison groups.
E. No group differences for pulmonary functions.
F. Overall mortality of Ranch Hand group (4.4 percent) was nearly identical to that of comparison group (4.6 percent).
G. The baseline findings of overall group differences in reported birth defects is being investigated with full medical record verification.

The Air Force Health Study may provide additional information on effects of reproductive outcomes following exposure to Agent Orange. There are no women veterans included in the Project Ranch Hand Study.

Question: 22. The last sentence on page six of the prepared statement submitted to the subcommittee says, "Furthermore, a repeat of the same Vietnam experience study in a much smaller group of women veterans is unlikely to contribute any useful information on gender specific effects." Isn't information on gender specific effects an objective of the study mandated by Public Law 99-272?

Answer: Yes. Public Law 99-272, Section 19031(a) specifically addresses the conduct of "gender-specific" research of women veterans. Research alternatives to address the mandate are currently under consideration by the Department and are described in the answer provided for question number 5 in this submission.

CONGRESSMAN EVANS

Question: 23. Page seven of the prepared statement submitted to the Subcommittee contains the statement, "It would be possible to conduct an epidemiological study comparing the pregnancy outcomes of women who served in Vietnam with those of women who did not." Will this be done?

Answer: The Department of Veterans Affairs is currently exploring the possibility, among other alternatives, of conducting a "reproductive outcomes" study following publication of the next update of the Morbidity Study component of U.S. Air Force's Health Study of Ranch Hand participants. Projected publication of this update is anticipated on or about the second quarter of 1990. If the study's results indicate that there is a difference in reproductive outcomes between the men Ranch Hand participants and controls, then the VA would consider the feasibility of undertaking the conduct of a reproductive study of women Vietnam veterans.

Question: 24. What is the annual budget of the Department for outreach to women veterans? How much did the Department spend last fiscal year on outreach to women veterans?

Answer: The Department does not have a specific line item in the budget for outreach to women veterans. Consequently, we are unable to identify veterans outreach monies targeted specifically to women veterans. The Department, however, continues with the distribution of the pamphlet "Women Are Veterans, too!". Even though the pamphlet was originally printed in 1986, it is one of the most effective outreach tools available. Public Service Announcements and TV spots are used to publicize the annual National Women Veterans Week. The Women Veteran Coordinators at the field facilities sponsor health fairs, meetings and seminars featuring subjects specifically targeted to the woman veteran. In support of the National Women Veterans Week, the VAnguard magazine featured an article on women veterans. The VAnguard receives distribution not only in VA but also to all recognized veterans service organizations and the congressional Veterans' Affairs Committees. VA press releases about women veterans' activities are distributed to all VA facilities, the wire services, veterans service organizations, the Department of Defense, and State veterans affairs offices. The staff of the Women Veterans Program participate in meetings sponsored by women veteran organizations speaking directly to women veterans. In addition, the Women Veterans Program staff also attend meetings of the Women Veteran Coordinators nationwide to assist them in their outreach efforts. Members of the VA Advisory Committee on Women Veterans attend women veterans meetings to discuss benefits available from the VA. A survey instrument is being designed for dissemination to field facilities which should provide information on costs associated with women veterans outreach activities.

Department of Medicine and Surgery
Washington D.C. 20420

Veterans Administration

August 29, 1989

In Reply Refer To: 10B/WV

Chairman G.V. (Sonny) Montgomery
Committee on Veterans' Affairs
House of Representatives
Washington, D.C. 20515

Dear Chairman Montgomery:

This is in reply to your letter to Admiral Frances Shea-Buckley, USN, Ret., Chairman VA Advisory Committee on Women Veterans.

Admiral Shea-Buckley recently had a death in the family. Therefore, Admiral Shea-Buckley asked that I forward the responses to you which I am pleased to do.

As requested in your letter, enclosed is a legal-size sheet containing the response to the two questions.

If I can be of additional assistance, please call me at 233-2621.

Sincerely,

Susan H. Mather MD

SUSAN H. MATHER, M.D., M.P.H.
Director
Women Veteran Program

Enclosure

Questions Submitted by Congressman Lane Evans

for Admiral Shea-Buckley
Chairman
VA Advisory Committee on Women Veterans

Oversight and Investigations Hearing
6/22/89

1. The Minutes of the Advisory Committee Meeting from last November reported, "...site visits by Committee members reveal that in some VAMCs, 'refused' seems to be replacing, 'deferred', as a reason for not including a pelvic examination during the physical." Can you identify the medical centers where this has occurred? In cases like this, what action does the Committee or its members take? What has been the response to that action?

The Committee makes recommendations to the Secretary of the Department of Veterans Affairs through communications following each meeting and in the bienial report. Monitoring complete physical examinations is the responsibility of the Systematic External Review Process in Veterans Health Services and Research Administration (SERP). The Committee Coordinator has the responsibility for reviewing and commenting on the SERP reports. SERP surveys are conducted at medical centers around the nation on a regular basis. In addition, a copy of the minutes went to the Women Veterans Coordinator at each medical center for their attention and the importance of complete physical examinations will be dealt with in the upcoming national coordinators meeting. The perception that "refused" was replacing "deferred" came up in the Health Subcommittee and there is no record of the medical centers where this seemed to be happening. However, it should be emphasized that women veterans do have the right to refuse a pelvic examination if that is their wish.

2. The Advisory committee recommended information on effective and successful local outreach programs be shared with the Advisory Committee, among women Veteran Coordinators, with Regional and District Medical Directors and others. What has been the result of this recommendation? How has it been implemented?

Information about successful programs is being made available to the Women Veteran Cooridnators and will be made available to the Advisory Committee. A workshop on outreach is being planned for the 1990 Women Veterans Coordinators meeting. No decision has yet been made on the most effective way of communicating this information to the Regional and District Directors.